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ABSTRACT

Documenting the proceedings of the 1971 Conference on Titles I, III, and VI of the Elementary and Secondary Education Act (ESEA) of 1965, this document presents edited transcripts from the conference held in Albuquerque, New Mexico. The format is such that the major speakers are identified for each of the four sessions, the thrust of each major speech is recorded, and pertinent dialogue between speakers and participants is presented. The speeches and discussions center upon the services available to handicapped American Indian children; the Bureau of Indian Affairs and the role of its schools in exceptional child education; teacher education for those involved in teaching handicapped Indian children; explications and definitions relative to Titles I, III, and VI of ESEA; funding possibilities; etc. Major speakers are identified as representatives from the U.S. Office of Education; Western Michigan University; the University of Arizona; the Albuquerque Public Schools; the Bureau of Indian Affairs; school boards; and the National Indian Education Advisory Committee. It is suggested that these edited proceedings will encourage the development of quality school programs for Indian children in need of exceptional child education and will better acquaint the reader with ESEA Titles I, III, and VI. (JC)

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FINAL REPORT

OF

BUREAU OF INDIAN AFFAIRS

ESEA TITLES I - III - VI

CONFERENCE

AT

SHERATON - WESTERN SKIES

ALBUQUERQUE, NEW MEXICO

FEBRUARY 28 - MARCH 5, 1971

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IN REPLY REFER TO:

Memorandum

To: Education Staff

From: Director of Education Programs

Subject: Final Report of ESEA Title I, III, VI Conference

I am pleased to provide you with the final edited proceedings of the conference held in 1971.

More than one hundred Bureau education personnel and other interested persons attended the conference. Speakers included representatives from the U.S. Office of Education, Western Michigan University, the University of Arizona, the Albuquerque Public Schools, Bureau personnel, school board members, and the National Indian Education Advisory Committee representatives.

The proceedings offer the reader an unusual opportunity to become better acquainted with ESEA Titles I, III, and VI; what services are possible for handicapped Indian children using these resources; what the Bureau school system has done in this regard; and, some directions for the future.

Copies of this report are being distributed to all Bureau schools, as well as to all Area Offices. Additional copies may be requested from the Central Office, Dr. Peter A. Campanelli, (202) 343-5670.

Hopefully, these proceedings will encourage the development of quality school programs for Indian children in need of exceptional child education services.

James E. Hawkins

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CHAIRPERSONS

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SESSION I SPEAKERS

DR. WILLIAM LOBOSCO
U.S. OFFICE OF EDUCATION, TITLE I (ESEA)

DR. RAY WARNER
U.S. OFFICE OF EDUCATION, TITLE III (ESEA)

DR. WILLIAM HINZE
U.S. OFFICE OF EDUCATION, TITLE III (ESEA)

MR. JOHN DAVIS
U.S. OFFICE OF EDUCATION, TITLE VI (ESEA)

MR. SAM BARONE
U.S. OFFICE OF EDUCATION TITLE VI (ESEA)

pp. 3-4 blank

Dr. Lobosco: When we are talking about some of these educational terms, when we are talking about "Special Education" or "handicaps," we really should agree on what we mean by these terms. And also, when we are talking about Title I, it should be pretty clear what is meant by ESEA Title I.

I would like to begin with working definitions of both. The definition of the "handicapped child" that I am personally using is the one that exists in the legislation; and, that means mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who, by reason thereof, require Special Education; any one of those factors or a combination of them.

With the BIA, the handicapped child represents one category of educationally deprived, which the local school must consider in devising its overall educational program.

Title I, ESEA, is intended to improve education for disadvantaged children attending schools from low income areas.

Title I is a major impetus in encouraging schools to initiate programs for educationally disadvantaged students. It is the largest federal aid to education program with a 1971 allocation, nationally, of 1.5 billion dollars. Nearly eight million educationally deprived children receive services under Title I. The BIA 1971 allocation is $11,720,000. That is a lot of money. The President's budget, his request for 1972, includes 1.5 billion dollars again for Title I. Therefore, I think it is fairly safe to assume that the program will be funded at about the level it is this year.

A brief look at Title I will help to avoid some confusion later on. And it may also help us understand better how the handicapped can and are being served with Title I funds.

First, and foremost, we must understand that Title I is an educational program. And I stress the word education. It is not primarily a welfare program, a nutritional program; it is not a health program. It is an educational program which may, under proper circumstances, serve needs in those other areas.

The money goes to the BIA, as to all States, as an allocation to the Washington Office. It goes then to the local schools on a project basis, and also there must have to be a project. And a "project" simply is a set of activities designed to meet some special educational needs. Title I law keeps referring to "meeting the special needs of educationally deprived youngsters." And at this Conference you are going to keep hearing about "special education." They are not the same thing. At this Conference, when we talk

about Special Education, I think by and large we are talking about education of the handicapped. When I mention special educational needs of deprived children in Title I context, I am not talking just about the handicapped. I am talking about any special educational needs that children have. Any special needs to meet deficiencies that youngsters have is acceptable under Title I.

They are those who need special educational assistance so as to raise the level of educational attainment to that of appropriate children of their own age. We diagnose the achieving at one level and if it is far below the achievement of youngsters of their own age, what they are supposed to be achieving, then what we are trying to do is to raise their level of achievement.

Again, we must make particular note that Title I begins and ends with the child's educational performance. I can't stress this too much. It begins and ends with a child's educational performance. Any disability which you think impedes the learning process for educationally deprived children is an area where Title I funds may be used for assistance.

Improvements should be sought in terms of their educational attainment, motivation, behavior, their attitude, any of those areas. Those are appropriate areas of Title I funds. If they are not behaving as normal youngsters do for their age level. Title I projects are constructed to help them with it, to raise their level of attainment. If they are not performing in academic work at the level of children of their age, the Title I services can be used to raise their level of educational achievement. Those are, by-and-large, the areas that Title I concerns itself with.

It just makes good sense to take a close and, as much as possible, a documented look at all the educational needs and deficiencies of the youngsters. Forget the source of money. When you look at the youngsters, we shouldn't be thinking of "Title I" or "Title III" or "Title VI," or "regular programs." We should just be looking at the youngsters and trying to determine as specifically as possible what are the deficiencies that these youngsters have? What is it that must be done with these youngsters? What are the areas, regardless of the source of funds, that these youngsters need help in? Where are they not performing?

This is your need assessment, and it must be done locally. It can't be done nationally. It can't be done even on an Area basis. These studies help, but you have got to do a local assessment of the youngsters as to all of their needs. Based upon what you determine at the local level (the needs of the youngsters) you set up priorities. But priorities must be determined. There will never be a day--I don't think I will be pessimistic in saying this--there will never be a day when any school system will be able to

meet all of the needs, one hundred percent, of all of the youngsters in its schools. So, we are always going to be determining priorities.

And then, once we determine the priorities, it becomes a much simpler matter to determine the program to meet some of these needs.

How can the educational needs of handicapped children be met within the context of this Title I framework that I am about to describe? Well, one of the things, certainly, that every school should be doing is to make every effort to determine the kind and degrees of physical, emotional, neurologic, and communication handicaps that any of its children might have. And they can do it in a couple of ways. I will just mention two, and there are probably others.

One is by just taking a good look at the youngsters in the school, and assessing each one of them and determining overall what are the learning handicaps that these youngsters have. And they have got to be very specific. You can't look at one school and say that every youngster is "handicapped." I think we are misusing the word "handicapped" in that context. It's like saying every youngster in America should be doing better work than he is doing. It is just too broad. We have got to be very specific in this area. In what area is he handicapped? What specifically is his handicap? What specifically are the educational problems the youngster has?

Even without an assessment of each youngster, you can make some generalities by looking at previous youngsters that went through the school. Sometimes handicaps don't show up because you haven't done screening. But you know what has happened to youngsters who have passed through your school system. That is not as good as the first one, but at least it gives you some idea of the kinds of problems the kids have that were in your school.

As early as possible in the school system, in the local school, there should be a thorough screening of all of the youngsters in the health area. There should be no youngster that gets through the primary years without being thoroughly screened as to any learning handicap that he might have. There are resources for this. I know that the Public Health Service does what it can to help. There certainly should be funds at the local level set aside for this purpose. Unless you do this, we can be spending money for special education classes down the line.

Secondly, are the conditions medically correctable? These handicaps should be corrected initially. This should be pretty high on the priority list of any school where you have identified youngsters with mental or physical handicaps.

Third, once we have done these two and we have done what we could with the existing program and funds available and we have taken a

look at all the resources, then Title I comes in. We say, now, we have problems that still exist, there are still priority problems and we want to attack them under this particular Title I project. Unless we do it in this way, what can very easily happen is that the project is written first, and resources that were available are not utilized and you are really short-changing the youngster because instead of giving him both, this and this, you are just giving the services here. He's losing out. So, it must be done in that order to be eligible for Title I and to get the most for the youngsters. Use all other resources at your disposal first, and then come on top of the whole thing and fill it in with Title I after that.

There seems to be some hesitance, maybe because of bad experiences in the past of integrating programs, of using money of various sources, and cooperatively doing something for the youngsters. If you can find only so much money from the existing program, five percent for a program, and another fifteen percent here, there has been a tendency, across the country, to ignore that twenty percent and tack the whole thing under Title I, or the whole thing under a demonstration project under Title III. Where you have the funds, the resources from various sources, build the cooperative project. Yes, you can maintain the uniqueness of the Title I activity and the Title III activity or the Title VI activity, or the contributions from regular funds. But interrelate these things. Run one good program from any source. I don't know how to stress most strongly the cooperative nature, and more can be done for the youngster.

Simply screening the youngsters and only providing medical and surgical remediation is not appropriate under Title I. Just the one step is not appropriate. These must be part of the program to overcome these students' <u>educational</u> deprivations. Now, how is this done?

I think it is correct to assume that a youngster who has a handicap is even more disadvantaged than a youngster without a handicap. He probably has a greater educational deficiency, because he has years without the experiences, the growth, that are normal for a human being to have in growing up. So, he is a prime target for educational services under Title I. It just seems to be common sense to think this way. I think there may be exceptions, like excelling in academic work because of some handicap, but by and large, the youngster with the handicap is in more dire need of remedial educational services than the youngster without the handicap. And the further along you go in school, probably the greater the need.

And second, if we have youngsters with handicaps and we set up a program to correct the handicap <u>before</u> we provide the educational services, it makes sense that after providing the medical

attention to the youngsters that these results should be reassessed, as part of the program. And then a program be established or designed to help lift him educationally from where he was before the attention, where you would like to see him be, or where he should be, according to his age group. This is the program that can be built under Title I. As I said, simply screening and providing medical attention is not appropriate by itself. But as part of this three-fold process, it is appropriate. We identify the youngsters who have medical handicaps, correct them where they are correctable, and do as much as we can, and then we reassess where they are. Look, we have done what we could for your eyes, we have corrected the hearing to the extent possible, now let's take a look at where you are performing in relation to the rest of the school population. And when you find out where they are, you design a program to move them from where they are to where they should be in relationship to the other youngsters of their age group.

Also, if a specific educational deficiency has been identified for a group of youngsters in a school, it makes good sense to eliminate or reduce the factors that are causing or contributing to the deficiency before we do anything else. For example, most of these schools have reading programs. And nationally, we invest a lot of money in reading. If there are problems that are not identified, we are wasting money. These youngsters will still have problems no matter how sophisticated the reading program. So we would simply advise as part of the reading program, (if it doesn't exist already) some vision screening by trained persons. It doesn't take long; it doesn't cost a lot of money to identify those youngsters who have visual problems; and, provide the medical services to them early in the reading program rather than at the end of the year. Then, take a look at the youngsters and say: "You know, we have not achieved the objectives which we set out for them. We had better take another look at this." Use some of these Title I funds to help at the beginning of the program in correcting visual problems of the youngsters who are going to be in the reading program.

Title I legislation, speaking of the handicapped, says that the States shall use payments only for programs and projects that are designed to meet the special educational needs of the children, which I emphasized in the beginning, and I repeat now. You can build, legally and desirably, a program to meet the needs of handicapped youngsters that should be part-and-parcel of a program which is intended to raise educational achievement. Let's not stop--let's do the medically and surgically correctable things for the youngster. But let's not stop with that. So, as you can see, Title I can and is doing work in these areas. Thank you.

Dr. Warner: I have been asked briefly to talk about ESEA Title III, its role in all of the pieces of legislation that have been passed

by the United States Congress. To do that, I would like to set the stage for Title III. I would like to set the stage for you so that you can get it in the proper perspective, because I don't think many people have the correct perspective of Title III of ESEA. Behind it is a demonstration program which is one that tries to demonstrate more effective ways of helping children learn. That is the crux and thrust of Title III.

Title III came in and was not to play a role with heavy emphasis on research and development, although some was needed. Some is needed. But the more important role is the diffusion process, the diffusion of ideas; practices that are recognized as unique and proven to work. And then when it gets over to the adoption stage it drops off radically--it does not have an adoption role. By "adoption," I mean, once it has been proven that it works, then Title III money should not be used for that purpose any longer. And that was one of the unfortunate mistakes that has been made in Title III.

Then, you see Title I and Title II, whose role is really one of adoption--those two--they pick up the evidence and the concepts Title IV (research) and Title III (diffusion and demonstration programs) and try to get them adopted on a large scale effort.

Once you have found out it works, through Title IV and III, then you use the other programs to get it adopted. You don't need to worry whether it is going to work any more, because it has been proven that it will work. Well, that is the thrust.

So you see, we call it "Project to Advance Creativity in Education" (PACE) and that is the name early in Title III history. You see, its role then is invention and demonstration.

What we are saying is that we don't want more of the same. Title III was not designed for a bunch of projects that are more of the same things you know have worked; but rather, new packages. Packages designed that draw upon research, knowledge, and information that is available from recognized experts, building a package to demonstrate a better way of helping children learn.

If you are talking about the three I's, as removed from the three R's (rote, regurgitation and restraint) the three I's are: inspiration, ideas, and innovations. And <u>that</u> is the spirit of Title III.

So basically, for the first time in American history, we now have funds available to local school people to allow you to experiment, to innovate, to be creative, to try for better and more effective ways to help these children learn. So Title III, then, is <u>not</u> for direct services to children. There are other programs designed

for those purposes. It is not for general aid to meet children's needs. You say, "Oh, we have so many needs, and this is an unfortunate way to spend money." Well, if you would stop and analyze how small an amount of money BIA has available under Title III--this year $298,000--that is not much money. And the best way to capitalize on that is to take that small amount of money and do the best job of demonstrating more effective ways of helping children learn. You will get more mileage for your dollar that way than just trying to divide up and provide a few small services that won't go very far, anyway.

So, I think the challenge then is to permit and encourage you to utilize existing knowledge coming out of our universities, through research efforts, through the ERIC system of the U.S. Office of Education, where we are trying to provide to the local educators proven practices, research findings evidence, so that you can have a better basis for making decisions.

Now, that is the purpose then, to provide for a more meaningful curriculum, new administrative structures, new methods of teaching, new methods of learning, and most off all, new people. And that is the biggest challenge, that last, the new people.

I think that I will spend the next few minutes talking about the notion of change.

Title III's role, then, is to encourage change. Now, by change, I mean this: Relevant change, change in a positive direction. We have to be looking for better ways of helping children learn. That is the kind of change that I am talking about. And that comes through research evidence, and then demonstrating that kind of program in your schools. So, it is not doing things differently just for the sake of doing something differently. It is doing something differently because you know it is going to be more beneficial for children.

Our second assumption is that we need to more effectively utilize the knowledge that is available to us through all kinds of sources. And through Title III, under ERIC, we have what we call pace-setters, and these documents are available from the U.S. Office of Education. The Title III project is digested; one chart, or maybe half a page of reading; it is digested--the findings, the evidence for programs evaluation and so on that you ought to have available to you.

The second assumption is that once we provide money to the local school district or school to innovate, there ought to be a willingness to continue that, once you have tried it to see if it works. It is too easy to say, as soon as the money is gone: "The idea is gone. We can't go on any longer." But that is not true.

Title III is capital designed to give you some risk money to try some better ways of doing things. If you find it works, then it may be a concept. It may end up as new curriculum, or new organization that doesn't require any more money. It may require new kinds of people, new kinds of ways of dealing with the learning process. That is Title III.

And, finally, the assumption is that you need more money for these things. There are several research studies that have found little correlation between per-pupil expenditure and pupil achievement. There are studies that have been made that show a direct and greater correlation, however, between pupil achievement and socio-economic conditions of the community. We have evidence in Title III where you pump millions of dollars into some of the big city systems, have no evidence whatsoever that children learn more, more effectively, or their behavior has changed in a more positive direction. We have other cases where we have put small amounts of money, and when I say small, I meen fifteen to twenty thousand dollars, where children come out learning more, their behavior has changed more positively, and the school system has adopted that and continued it because it worked. And that is the spirit of Title III.

Well, what do we know about the change process? I think we have to understand this if we are going to make Title III work. There are some initiating mechanisms, some sustaining mechanisms, and some performance feedback transmission that you must be willing to install in your system. Let me talk a little bit about this.

That is, we need to have a continuing flow of knowledge into the school district from outside sources. You have to have available printed material, information on mass media, for instance. Training programs that are innovative, in and of themselves. Interpersonal communications, such as studies like this, where you share ideas about something better, something that is working. That is initiating, that is generating your interest in new ideas. That is kind of encouraging you to start thinking about change.

And then, the second is, it is a sustaining mechanism, which is the capability and the willingness of the school system to respond and act upon such knowledge once they have it. So, I think you must be willing to accept the notion that new knowledge is available. And that you ought to obtain it and utilize what you have, once you have access to it.

And then a final one is performance feed-back transmission, and that is merely the clarity and measureability of objectives. One of the problems is that we don't have measurable objectives in education. And moreover, we have very poorly stated goals for education. A teacher has a difficult time in stating objectives for her class if she does not know what the goals of the system

are. There must be goals. There must be objectives. And they must be measurable, and that is getting a little bit towards the concept of accountability that is being talked about across the country. If you don't know what the system expects of you as a teacher or an administrator, if you don't know that, how can you write an objective to try to achieve that? And if you can't write measureable objectives, you just can't evaluate your effectiveness. It is just that simple. So, that is part of the kind of feedback transmission you must have. You must know whether or not the idea of innovation is working or not. If you do not know that, you can't adopt it, or you shouldn't adopt it, because you may be adopting something that isn't any better.

Well, let me talk on the last point, about what we know about the change process in terms of stages in the change process. Now, this is Title III I am talking about. I am not talking about theory of changes. I am talking about Title III, and if you are thinking about Title III, these are the types of things you must go through. And I am hoping that before I get through here, you will have at least some notion about this kind of a structure.

First of all, there must be an awareness stage. An awareness stage is nothing more than the person learns of an innovation or some alternative to his current practice, and this comes from some sort of mass media, publications, conferences, articles, and so on. This is the first level. Well, maybe there is a better way of doing something, and maybe I ought to start thinking about it.

If you don't believe there is a little better way of doing something, nothing will ever happen. So, awareness is first. And then you move to a second stage, which is the interest stage. On the interest stage, likewise a very important stage, in that it is a stage in which the potential adopter seeks out additional and more technical information about innovation. You must have technical information. And you say: "Well, I would like to try it, but it is too hard; it is just not worth the effort." I know in Education that is a big problem. You go through the research stage, the literature, and it is very difficult. But if you want to move, you have got to generate this interest and try to find the technical information on the thing you want to change and improve. And that comes to some kind of interpretive technical basis.

The U.S. Office of Education is moving very fast in this area. We have what we call "prep kits." These prep kits are nothing more than digested documents about the latest research findings in several academic areas. Tie that to the ERIC document, which is a large document about all kinds of funded projects, and you have digested information available to you. Or, you can turn to other research documents and add to that.

Now, following that, you move to the next stage. The next stage is one where you have to make some kind of an evaluation: "Well, I am interested, I have done the research. Now, I have got to make kind of in-the-head evaluation. Is it worth pursuing or isn't it?" Well, if it is, you have to say the evidence points that maybe it would be worth trying. Or maybe there is a better way. Some other people have found a better way of doing this, therefore I think I will try it. So you make an evaluation, sort of in-the-head, based on the data you have available to you, and decide whether it is worth trying. And that is the level of evaluation I am talking about. That has to be done academically, and if you don't have the project at hand to make the evaluation of the children's performance, that evaluation has to be done on an in-the-head sort of basis. And to help you in that process, you will find all sorts of interpresonal communication. You can contact people who may be in the know, who know something about that area. Some organization that may have done a lot of work in the area that will help you.

Then you move to the next stage, the fourth stage, and that is of trial. Now that you have some technical information available to you and make a preliminary evaluation, then you say you have to try it, you have to try it out and see if it works. And so, here is where the laggards are likely to skip this stage. They will not try to pilot it. They will move from the evaluation stage to full-scale adoption. They say: "Well, let's move it to the whole system immediately," rather than moving it to a trial state and working out the weaknesses and some of the faults which you have found; trying it out in your own setting; seeing what the problems are in your own community; and, then after the trial, in which you have built in some evaluation or performance objectives and you have tried it, then you move to the last stage: you adopt it systemwide.

Now, those are just five simple steps that researchers have said change occurs. And I would like to say that this is the way Title III works. And if you will follow that kind of format, I think you will make Title III work.

Ronald Lippett has pointed out that there are two clear differences in programs of social changes which we are involved in as compared to physical or biological sciences. We, in Education, are more concerned and involved in "people changes." Whereas, biological and exact sciences are involved in "things changing." And, to change things is a lot easier than to change people. But that doesn't mean that you can't do it. I think there are always ways of bypassing people, or even encouraging them to change.

I think that in medicine and in industry, they basically replace one thing for another, the displacement process. Whereas in Education, when we do change things such as team teaching, new curricula, behavioral performance objectives, programs, and so on,

it requires the change in role perception of people in the system. It requires a change of attitude of the people. And the behavior change must accompany the innovators and the adopters. So those are some factors that have to go into it, and the project adopter must take cognizance of those things. And the second difference that Lippett points out is that most changes are not simple adoption, simply tried elsewhere, but are adaptations that have been working some place else to your own surroundings; not merely outright adoption of a curriculum or some other innovation.

Well, even within the restraints that are there in this context, I think the BIA may be in a better position than many of the public schools in the United States. The last statistics I saw found that there were about a quarter of a million Indian students in school and about half of those were enrolled in BIA schools. And the BIA schools are such as they have some bureaucratic control, like the U.S. Office of Education, and some other constraints that are different, than the public schools. One of the constraints is that we have a pluralistic educational system in America. It is a heterogeneous society. People have different values. And, a monolithic system, of course, will not serve all of the peoples' needs. The other constraint deals with the non-explicit nature of the goal, that I talked about a little bit earlier. When you do not have clearly stated goals--I am talking about broad goals for pupils, not for the system--there are conflicts of the goals and it becomes difficult to identify and clearly advance Education.

You can say that I am going to introduce an innovative program and project in this system, but if the goal is non-explicit, who knows whether it makes any difference anyway? So I think, then, you have to start with the identification of goals for children, and then submit measureable objectives within those goals.

The last is the limited scientific tradition of American Education. We don't approach things on the scientific basis. We approach them more on an "experience basis" method. Now, Title III again, encourages many to use the scientific method, move away from the experience-base towards more the scientific method of encouraging utilization of known research and known evidence and applying it to the demonstration setting.

Now, let me conclude with just a little notion about some of the criteria that one would expect in any project that you might want to submit for handicapped children or for any other project.

The first is, you must demonstrate the solution to the critical <u>educational</u> needs of the children in the area served. Now, mind you, I didn't say that "they must be designed to meet the needs of children." I said, "they must be designed to <u>demonstrate</u> how the children's needs may be more effectively met." And that is the crucial criteria.

The second is that the concepts, the practices, and the techniques can be adopted or adapted elsewhere. There is little sense in funding a half-million-dollar project that can never be adopted or utilized anyplace else, and when the money is gone, that is the end of it, in Title III. So it must be able to be replicated somewhere.

And the third is that the concepts or practices must be recognized original, unusual, and innovative. Basically, it is trying to say they ought to be on the cutting edge of the proving merit of education, not a one-deal shot.

One must be economically feasible. Another is that the evaluation strategy must be designed to show the improvement in pupil behavior or outcome. And that requires measureable objectives. And the evaluation component must be designed in such a way as based on valid research methodology. The performance objectives must be measureable and appropriate activity designed to achieve them. "Performance objectives" meaning that they are stated in such terms as to show performance, movement, in one way or another. And they must be evaluated in such a way that the product can be determined.

And then, there must be an awareness of similar research findings or similar programs or having information from recognized experts, qualified staff, appropriate facilities, materials, and equipment. And then the utilization of community resources. And finally, provision for disseminating the results of these findings in the area served by the project.

Participant: What are the prospects of getting Title III funds for the Bureau of Indian Affairs Schools? It seems to me that this more than anything else, tends to fuzz or confuse the real purpose of legislation, you know, the different parts, the fact that you do have here an inadequate financial base in Title III, so you do lean on other parts of the law.

And if Title III is really to do what it is intended to do, it seems that that is a very critical part of it.

Dr. Warner: Yes, I think you are right. The BIA will have this year a little less than three hundred thousand dollars. And that means possibly six--maybe five projects, at $50,000 each, somewhere in that neighborhood. The handicapped child component this year, about $35,000, that may be one project for the handicapped, and the rest in other areas. I don't think we are going to get much more. I think we're going to have to live with what we have. I think six projects, six quality projects, in the BIA program, may be extremely important in improving Indian education. So, even though the amount is small, I still think that there is

a sufficient amount of money available to demonstrate six projects that may revolutionize education in the BIA.

Participant: Well, that's another point that bothers me somewhat. You are using the term "proven" because using ERIC or any other data-gathering center, if you look--start looking at things like local control, if you start looking at things, bilingual, bicultural education, you will find that as far as--it is making a big impact, and as far as proof existing, no, you aren't going to find that. It is an unproven quality. It seems to me that these are some of the things we are trying to do the hardest, is thrown out.

Dr. Warner: I think you are exactly right. You probably have less available to you in Education than other areas of our society.

Participant: We are writing the book, in other words, and have been for a long time.

Dr. Warner: The Title III role in that context then is to say to you, and notice the criteria I have read to you, take what you have available here and throw that one on the different Titles--in the BIA it well may be that in this area you may need to spend a little bit of your money in these projects, you know, that may be necessary, a necessary element, before you get to the diffusion stage, because you don't have a lot of base evidence upon which to base your decisions.

Like we say, research, some evidence from other kinds of proven projects, are tried or recognized experts. And they may have some recognized experts who say, I think this is going to work over here in this setting. We have tried it in some other cultural elements of our society. And I think it will work just as well with the Indians as it did among the Japanese or the Blacks or in Appalachia. And in that instance, I still think you are on the bandwagon.

Participant: You have some people here from Pine Ridge and the central part of South Dakota, and the Wahpeton project, which deals with special education funded for one year. And the advisory council of the Title III BIA recommended that it be absorbed into the regular school bodget. It has been so done. And now it is being used as a model for other agency schools to adopt and incorporate in their system. So this is an example of what Title III has done with just one year of funding. I believe it was fifty thousand dollars, as I recall.

Dr. Warner: That is an example.

Participant: Is the demonstration aspect of Title III--have greatest consideration for our population or is it contrasted in the general public school system?

Dr. Warner: It may well be that what you learn in the Indian schools may well apply just as well in a similar environment. I was over in Hawaii, for instance, where they have Filipinos and Hawaiians in that area, and they have very many curriculums. They are going to try to get it adopted statewide in Hawaii with Title III.

Participant: On the basis of funding, priorities are fixed according to need. How do you determine the amount of appropriations to the BIA.

Dr. Warner: Well, the statute determines the amount of money. It is based upon the number of children aged five to seventeen. For instance, a hundred and sixty-four million dollars based on the number of children aged five to seventeen.

Participant: In your comments regarding the notion of change, you are referring to relevance. I would like to know the relevance to the Navajo culture in our case, or is it relevant to what the Navajo parents think of education, or is it relevant to the American school system? Now, the other question is, give us stages of change in Title III. Has this been researched, or is this relevant to Indian education? How do you get these five things?

Dr. Warner: Let me answer your first question on relevance. As you know, one restraint of American Education is that it is not centrally controlled like it is in England and in Russia. The basic decisions of Education are made at the local level. The local boards of education, some eighteen thousand of them in the United States, are basically the controlling elements in deciding what the goals and the objectives of education are. That is extremely important, because that brings it down to the people who have children in the schools of that area. And local boards of education are where the control of education ought to exist. I think the United States is saying that we need to keep that kind of control at the local level. It had not ought to be centralized in either the States--that is, the States making all of the decisions--and it certainly had ought not to be in Washington. It ought to be left so that you and your children ought to be able to help make the decision as to what is relevant to your children. So the relevancy, I think, the question is to you and your child in your own setting, that ought to be part of it. But it had ought not to be totally left there, because the children may leave the locality where you are and move some place in a large city, and find himself totally lost. I think there has to be a little bit of mixture, but that ought to be still decided by local boards of education, knowing full well that some of the children are going to be living somewhere else.

The change occurs in the minds of people. You don't change them unless the people change. And these five points merely emphasize

that to get people to change there are ordinarily five steps that go into the change process. It will apply as much to Indian setting as to Appalachia or Chicago. People are people, and you must go through that kind of a process.

Mr. Horse: We will now have a brief discussion about Title VI with representatives from the U.S. Office of Education, Mr. Sam Barone and Mr. John Davis. At this time I would like to introduce Mr. Sam Barone from the U.S. Office of Education.

Mr. Barone: Our Office is directly concerned with helping handicapped children become independent and self-sufficient through programs designed to: (1) increase the number of qualified personnel; (2) improve educational services in preschool and school programs. We will be talking about that a little bit more as we get into Title VI; (3) stimulate the acquisition and use of modern educational equipment and teaching materials; and (4) encourage research and advance educational technology.

Now, what are we talking about? What is the problem? Why is all this necessary? Let's take a look at the problem. It is estimated that there are at present six million school-aged handicapped children. It is estimated that there are about one million preschool-aged handicapped children. It is also estimated that only about 2.6 million children receive any special educational services, only about forty percent of these children are receiving special educational services. Now, for the year 1971, let's take a look at how much money was spent. For fiscal year '71, the agency's administrative branch administered or monitored in federal funds in the amount of $130,250,000 being spent for handicapped children. And roughly it is broken down into Title VI, which amounted to thirty-four million. Public Law 89-313, the state-owned and state-operated schools, amounted to forty-six million. Title III for the handicapped, nineteen and a half million. And then in vocational education, which I understand that you don't get any share of those funds, ten percent in vocational education amounting to thirty million dollars. So roughly, this is the problem and this is how it is being taken care of in the field.

Now, one of the concerns that was expressed was that we provide definitions for the various handicapping conditions. However, it is the responsibility of each State Educational Agency to come up with the actual definition. The federal government gives us the broad categories here. It is the responsibility of each State Educational Agency, and this is what you will be talking about, defining your handicapping conditions and applying them within your own groups, and broadly speaking, these are some of the handicapping conditions. The mentally retarded, who are they? The hard of hearing, and the deaf. The speech impaired. The visually handicapped, and you may want to break that down between the visually handicapped and the blind. The seriously emotionally disturbed. What do we mean? Who are we talking about? And here again, the purpose and the types of programs we have developed for them.

The "other health impaired." And again, there are others; the learning disabled. I think that this needs to be defined. Who are we talking about when we are talking about the learning disabled? We find that this is today a catch-all phrase, but there is a specific definition for these learning disabled children.

In order to provide these services, you have the Bureau of Education for the Handicapped in the U.S. Office of Education. We find that the Bureau is broken down into three divisions: The division of research.

Two, the division of training programs. And this provides support to higher educational institutions, colleges, and universities, to provide the manpower training, either teachers or the personnel in the area of education for handicapped children.

Three, the division of educational services provides the resources to the state and local agency.

Now, in addition to the three major operating divisions, there is also a Bureau office which provides for the coordination, planning, management, evaluation, and information assistance for the entire overall program.

Now, let me talk a little bit about the services provided by the Aid-to-States Branch which either supervises or monitors funds under these various acts or laws. Public Law 91-230, the four programs for educational services to handicapped children, I think we heard them talk this morning about Title III. But Public Law 89-313, that's point two, I know you don't have anything much to do with this at the present time. That is state-owned or state-operated schools. Money for that is allocated based on the average daily attendance. So you don't have any funds under that at the present time.

Then I want to move along to P.L. 91-230, part "B," and here the Bureau of Indian Affairs is allocated $110,000 for fiscal year '71. And these are the monies we are talking about. We hope you will be able to, after this conference, be able to get out and write up a project and programs for this particular section.

Now, these projects under P. L. 91-230, part "B," the projects may include basic services in the development of new programs from activities going from preschool children including work study programs and academic programs at the secondary or high school level. Some of the services that may be included are diagnostic services. You can do almost anything, provided you relate them to child-oriented objectives. Development of leadership personnel, curricula, instructional materials, equipment, and even in-service

training of staff, provided that pertains to that specific project. I understand you get no funds under part "D" of P. L. 91-230, which is for the education of teachers and educational personnel.

And we come down to part three: Vocational education. Here, again, there is a ten percent set-aside for education of handicapped children.

Participant: You have said that the Bureau of Indian Affairs got no funds under the training. What is the background or rationale, on that?

Mr. Barone: I couldn't answer that for you. And I mentioned it because we wanted you to know just what is being done in these other aspects, what is going on. Here, again, that is something that we hope that you will be able to discuss and recognize, and maybe you will be able to do something about it.

Participant: But this is done for children who attend State schools, isn't that right? I mean, could be.

Mr. Barone: Under part three?

Participant: Yes, sir.

Mr. Barone: This is an extra fund that is given to the States, yes.

Participant: And anything that you got under that program would be through a State-supported educational institution?

Mr. Barone: So far.

Participant: So if you have a reservation in a State, the reservation does or does not become eligible?

Mr. Barone: The State does. The State gets funds under part "B," P. L. 91-230, and part "D." But here, again, this raises a question that I can't answer.

Participant: And you do business, whatever that State Department of Public Instruction, that deals with this, is that correct? We have no contact with the Washington Office, it is strictly the States?

Mr. Davis: Except for part "B."

Participant: Well, this says "aid-to-states," so--

Mr. Davis: Well, for the purpose of part "B," however, the Bureau of Indian Affairs is a State for all practical purposes.

Mr. Barone: You, as an Indian tribe would apply to your State Office. That is the analogy for money on the reservations. However, you also work with the State in trying to get anything that you can, too. It doesn't exclude you necessarily from going to the local school system. If you can go in there, it is fine.

Dr. Campanelli: I think the question he asked here is, for example: Down in Choctaw, Mississippi, could he go to his State Department of Public Instruction where they receive money under part "D," and ask to be included in that appropriation to the State?

Mr. Davis: Yes. You see, part "D" is a training program and the training, generally speaking, is given to colleges and universities. However, there is a small amount set-aside for each State. And they usually award summer scholarships, et cetera. I know Arizona and New Mexico, that many teachers have participated in these programs, that have gotten funded through the State Department of Education.

Mr. Barone: I do want to mention the USOE objectives for the next few years, to give you some idea as to what USOE is concerned about. And we hope that you will be able to focus on these concerns, also. By 1976, the USOE hopes that at least sixty percent of all handicapped children are adequately served by educational agencies. We hope that by 1973, that we will have developed programs and models for early education of potentially handicapped preschool-aged children. We hope that by 1976, we have developed educational models for career training and job opportunities for all handicapped youths. We hope that by 1976, that we will have been able to provide assistance and resources for teachers of handicapped to at least sixty percent of all handicapped children being served. We hope that by 1976 we have increased the number of trained professionals so that sixty percent of the handicapped children have adequate instructional and supported services. And we hope that by 1976, we will have been able to change the attitude of educators, professionals, lay persons, and employers, to an acceptance of the potentials of handicapped children and youth.

Now, these are some of the goals of your Bureau of Education for the Handicapped.

Thank you very much.

Mr. Davis: I want to talk to you on the maximum utilization of federal funds and sort of planning concepts and how to take a little bit of money and do the whole job.

Dr. Campanelli was saying that you had at least nine or ten thousand Indian children who were handicapped and needed services. Well, if you took our one hundred and ten thousand dollars, that would mean about eleven dollars apiece, and that is not going to do very much

good. So, you can see we really have limited resources. And what I would like to talk about, briefly, trying to maximize that resource. Not looking at Title VI and Title III, vocational education, what you can squeeze out of Title I and what you can squeeze out of BIA, all of these little pots of money, but more importantly, are the handicapped children that stand at the local level and that aren't getting services. And basically what we are trying to do is targeting in on that group and looking, and saying, like Dr. Warner is saying, what are their needs, through a need assessment. And you can't do it from Washington. It's the local people, local tribes and local school systems who can determine what the needs of the children are.

I would like to make a parallel to the systems approach. If I can restate it in the systems languages, that there are many Indian handicapped children not receiving appropriate Special Education for their needs. That's the problem in a nutshell. Our objective is to increase the number of children being served, and then we use different strategies to implement that plan. If I can make an analogy to the system, the systems people talk about the systematic approach, the systems approach. They said that the moon shot--President Kennedy set as a national goal to have a man on the moon. That was the objective. The problem was: national security, national prestige, the knowledge involved. And so he arbitrarily set this objective of getting a man to the moon. And he set up a systems approach of analyzing all of the various components that were necessary, the technology, to get to the moon. There were fuels to be developed, there was Cape Kennedy, or Cape Canaveral at the time, to be developed. The Houston space center. The flight support system. There were so many things. You know, we didn't know anything about space medicine, technology, teflon; all of the things that were developed out of the space age. And to look at all of these things together--that is what we have to do in the case of the handicapped. We have a lot of different kids with a lot of different types of needs. We have the handicapped children who might have a wheelchair, so all you have to do, perhaps, is to put a ramp outside the door and they can participate like any other child. Then you have speech and language problems, and you get a good speech clinician in and in six months you might have that lisp or other speech defect corrected. Those kids are no longer handicapped, at least as far as we are concerned. And then you have the more severely handicapped, the trainable mentally retarded, who are never going to make it in a regular school system. But, through Special Education, they can be trained and self-skilled, self-concepts, the learning of a job. Many of you people go down to the Hacienda down in Old Town. You notice on the wall a plaque to the restaurant association there from the National Association for Retarded Children, because that man has hired in his kitchen and as bus boys, retarded kids. Now, some of these kids were destined, perhaps, to be in institutions. I worked for the Arizona Children's Colony three

years ago, and I saw a lot of kids there who shouldn't have been there. But they didn't have anyone to teach them and train them. They didn't know how to act. And if you remember that some of these kids will only be seven or eight years old, mentally, as long as they live--but aren't some seven- or eight-year-old kids able to go out do some things, certain things? Can't they make a living? There are certainly a lot of jobs, skills, that these people can do. So we have lots of problems in Special Education, not only the classroom delivery services, but we have teacher training, we have instructional material, we have transportation, all of these things have to fit in and that is what planning is all about: to show the relationship of each of these activities and how we can focus them in on the children.

Some people talk just theoretically about training so many teachers. So what? If you have all of the teacher training in the world, and they are not teaching kids, you have wasted your time. So what we want to do is get all of these different systems working together and targeting in on the population.

I would like to say something about Special Education as far as the federal government is concerned. There must be three things: One, they must be handicapped children as defined by the Congress. That is the mentally retarded, deaf, hard of hearing, et cetera. Two, they must have special education services related to those needs. It is very obvious that the blind need some special things. They need braille or they need talking voices. The trainable retarded need special curriculum to learn things. And the speech cases need speech therapy. So those are special curricula, special courses related to those very special needs of the children, not generally, but the special need. Then, the third point, you have to have people trained to deal with those needs, to recognize them and to know what to do about them. So, those are the three things to meet Special Education as far as the U.S. Office of Education is concerned. It's one, to be handicapped children as defined by the law; two, specialized curriculum related to their special needs; three, specialized personnel.

And then, if it is Title III you have got to have a few more things. If it is Title I, then they have to be of low income. If it is BIA, they have to be Indians. I would like to talk later in some of the groups, about the systems approach. Basically, what we want to do, is to look at all of the resources available. Dr. Lobosco was talking that. Don't do something with Title VI funds, or Title I funds that you can get from somebody else. So, if you look at the whole system, you can map it out and find out what all of the resources are in the community and then you look at your kids and say, "What don't we have?"

Well, that's what we said this is all about. We are trying to help you solve some of these gaps. We are trying to get resources to

you. As far as the U.S. Office of Education is concerned, we have no responsibilities for educating any children, whether he be Indian, Mexican, Anglo, or whatever. It's only the tribes, you know, the local education agencies, that do that. We are only a resource. So we are not going to come in and tell you what to do. I hope I have made myself perfectly clear where the administration sits on that. We are a resource, and only a resource to you, and want to offer all of our technical assistance to you, whenever we can be of service.

I want to emphasize that we have very little money. And these planning activities can hopefully have a multiplier effect. We plant a seed and it grows. A hundred and ten thousand dollars, potentially, can grow in a lot of different ways. You can have a very successful project. Let's look at California the last couple of years, what they have done with Title VI. They said they had no State legislation for preschool kids, for the handicapped. So, they put a lot of their Title VI money into preschool, and they demonstrated very clearly to the legislature--and once they had these classes going, they brought the legislators, by hand, into the classroom to see what the kids were doing. Here they had the deaf and the blind and the mentally retarded kids functioning and bringing them up to a higher level, when they got to the first grade, and they could compete with the other kids, many of them. So, the State legislature had a whole new law implementing preschool programs for handicapped children. This is what we need--what we mean by seed money. Somebody in California, three or four years ago, looked over the system and they said: "We have good elementary programs, we have good residential programs, we have got good secondary, but nothing is being done for the very young child. And when he gets to school, he has a disadvantage." So they targeted in on the preschool handicapped and they said, "This is where we really need it. No one else is doing anything for those kids."

They demonstrated that you could take all of the good research and things that are being demonstrated over in other parts of the country, and demonstrated to the legislature--and they saw the work, and the goodness of the project. And so they have funded programs all over the state now.

Texas went on the strategy for comprehensive Special Education programs. They have a whole new State program. By proving something, they got broader support. And I think you can do the same thing with your tribes. The same thing with the Bureau of Indian Affairs. And the same thing with the U.S. Office of Education. Because, as you prove that it can be done with Indian children, handicapped Indian children, we can rationalize and justify more money going into the program. This is the only way we can talk to Congress, is showing them that these things work. You might decide that they might not work. That would really be up to you. Thank you.

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Dr. Eisenbach: I would like to start off by simply saying that our mission here today is not one of telling you how to do something, or suggesting that you should do it. Because we don't know what you should do. We don't have that kind of information. But what we would prefer to do is to tell you about some of the things that we know about, some of the things that have happened, and some of the experiences we have had, and hopefully, that you can then take from those and perhaps put together a program that would be meaningful as far as you are concerned. In other words, relevant to you and relevant to the children that live in those districts, live on those reservations, and attend those schools, and so on.

It is not our idea to tell you that a certain plan is better than another.

So, let me just begin by suggesting to you that exceptionality of handicapping conditions have absolutely no respect for race, creed, or color. That there are exceptional children and handicapped children among every race in the world. And it just depends, I suppose, on how those various peoples respond to those types of handicaps. Unfortunately, we don't like to think about this very often, but unfortunately handicapped children grow up to be handicapped adults. And handicapped adults present problems for communities, that many people find very alarming and also very difficult to handle. So, I would like to have you think this morning with me in terms not only of the handicapped children that are coming into your schools, and not only about the handicapped adults that are out of school. But, I would like to have you think about those children that will be born within the next month, few months, or those that haven't even been conceived yet. Because we have got to think in terms of prevention as well as remediation in education and rehabilitation.

So I think it is rather important to look at this in a much broader perspective than in terms of whether or not you can provide a special class for a child attending a boarding school on some particular reservation.

Now, let's see if we can't just zero in on what this title means, "handicapped children." I do not mean disadvantaged children, though there are many handicapped children among those who are sometimes referred to as disadvantaged. Because disadvantaged children oftentimes come from poverty-stricken areas where, for example, the rate of prematurity is three, four, or five times as high as it is in suburban areas. And I am not necessarily talking about culturally disadvantaged. I don't like the word. I think it is a misnomer, really. Not very long ago I was talking with a group of Black students on our campus. I said: "There are a number of you who refer to yourselves as culturally disadvantaged." And they said: "Yes." And I said: "Well let me ask you a question:

As Black people, do you have a language?" They said: "Yes."

I said: "Do you have some beliefs and some values that are pretty dear to you?" "Yes, yes. We do."

And I said: "All of this is meaningful to you, no matter whether you live in a ghetto or whether you live in a suburban area or where?" "Yes, right."

"Then you have a culture, don't you?" "Right." "Is your culture less important than mine?" "No, no."

"Then, why do you say you are disadvantaged? You are different, and maybe some of the things you would like, economically speaking, you don't have. But I would suggest to you that you don't have the disadvantages that some people would like to say that you have."

So, I think it is a matter of being proud of the culture, but how you handle the handicapping conditions within a culture is a problem for that culture, itself. Either you accept them, or whether you deny them, is still a problem within that culture. And I can't determine that myself.

Let's take a look for a moment among those that are considered handicapped, or children that are sometimes referred to as mentally retarded or mentally handicapped. Now, again, I find in talking with people across the country, that there are a number of people who would like to deny the fact that there are mentally handicapped children. They will tell you that instead of being mentally handicapped, these are children that have been environmentally deprived, they haven't been stimulated, and on and on and on. But let me suggest to you that when a child is five years old and enters school and he finds himself two or three years retarded in many different areas, psycho-motor skills, intellectually, you either need to recognize the problem that he has, or the child will suffer endlessly all of the way through the school.

Let me suggest that maybe the reason we want to deny the fact that a child is mentally handicapped is that it may be a threat to us. It may show a weakness on our part, that we could have sired a retarded child. Or that we could have given birth to a retarded child. Or, maybe through no fault of our own, the child had an infectious disease as a baby, and became retarded. But ignoring it will not help it. It won't go away. And mentally retarded the child will be, from the time the incident occurred, probably until his death.

Now there are cases where there are children who do perform as mentally handicapped youngsters and do change their behavior and do learn and do achieve. But in so many cases, we are talking about

exceptions, and not the rule. If adequate diagnosis concerns mentally handicapped conditions, I would like to suggest to you as educators, as school board people, that we have to acknowledge this deficit and do something about it for the child's sake. But mentally handicapped children are children who achieve--achieve at two or three grades below level. Intellectually speaking, they are probably more like children two or three years younger than themselves. In other words, one way that I have found that mothers oftentimes zero in on this better than any other way, is that if you are talking about a six-year-old child who is mentally handicapped, and you ask his mother: "Does he behave pretty much like your other children at this age?" And she will say: "No. He can't do many of the things that the other children could do. And as a matter of fact, he behaves like Robert did when he was about four." Then this becomes meaningful to people with whom you are talking. They begin to understand that there is some need for additional help.

Well, let's look at the crippled. A cripple is also another type of handicapped child. There are the cerebral palsy children, who make up the largest group within that category called crippled or orthopedically handicapped. And these are children who, for various reasons, you will find will be in hospital schools or they will need special kinds of equipment, braces, and so on. And it is rather interesting that the public has accepted the crippled child much more readily than they have the mentally handicapped child. These are the children you and I oftentimes see and say: "Isn't it a shame. And how can I help you?"

But the mentally handicapped child doesn't look any different than any other child. So you say: "He can learn if he really tries. You know, you are not really putting your mind to it." So, the crippled child has some advantages of the fact that the handicap is obvious, and you can see it. Now, there are some children that fall in the health impaired, that are not quite so obvious. And these are children that have epilepsy, for example. There are several, but this is one type. And I would suggest to you that epilepsy across the country is still entirely misunderstood. It is a condition that is hidden from people, that we are very secretive about it until we are exposed, and yet there are many children who do have seizures, and do need medication and do need acceptance. And these are epileptic children.

Others in this group would include rheumatic heart, for example; children who are bleeders, sometimes referred to as hemophiliacs, and children who have cardiac problems. Now, these are only a few. Muscular dystrophy, and so on, are included in this group. And these youngsters that oftentimes have to have special equipment and special schools in order to literally survive, from an educational point of view. They can't make it in the regular classrooms. They need other kinds of services such as an occupational therapist, a physical therapist, and so on.

And then we come to a group known as the emotionally disturbed. And they, too, are considered handicapped children. Now, there are two groups in this one heading that I would like to have you think about. There is one group of children that are perhaps disturbed children, but they are not pathologically involved. They disturb adults. They may disturb teachers and parents and school board members, too, probably. They are the kids that oftentimes push you to the limits. And it may not be because of any particular pathology. It may be because they are just normal for their age. It may mean that they are having a little fun like you and I did, and now we have forgotten it. Our memories are not very long in cases like that. But when I think of some of the things we did when I was growing up, I could almost have been classed in this group. In fact, I think some of my principals and superintendents wished that I were. But nevertheless, there are those kinds of youngsters and we are not talking about those. We are talking about children who, for various reasons, have some type of pathological condition that needs a special kind of treatment. A classroom where they can be on a one-to-one basis with a teacher until they can begin to get their own house in order. Where they can begin to find out how to relate to other people. In some cases youngsters that are emotionally disturbed can't sit next to another child. It is absolutely impossible. As soon as you sit them down by another, he is either kicking him or clawing him or biting him or something of the sort. So these are children who are badly in need of some kind of help, and oftentimes that help is rather expensive.

One thing that is good about it is that this is the type of handicap that can be remediated. They do respond to help if they get it at the proper time.

Another group of handicapped children you will find in many cases in areas where poverty is a problem are the visually handicapped, the deaf and the hard of hearing (eyes and ears). And it is for several reasons. And I understand that in some cultures, that it is not acceptable to wear glasses, for example. I don't know about this. I know that among the children that I grew up with, that we made all kinds of fun of people that wore glasses. You know, we called them "Four eyes." But it was pretty difficult for a child to get to the point where he was willing to wear glasses even though he couldn't see. But if he can't see, he can't learn, and he can't read, and he can't do many other things. So, here you have a group of handicapped children that need our attention and also need some kind of aid immediately if they are going to be able to make it in school.

The deaf children, in general, the kids that will not learn language as a normal chain of events, without extra help, probably couldn't survive in a regular classroom. They are going to need some other kind of help. But there are many hard of hearing children with the

aid of amplification, for example, that they can get along, can be served by regular classroom teachers and need not be moved out. They can do beautifully.

Then, of course, there is another group of people we talk about, and they are the speech defectives. And these are people who, for various reasons, are not able to master speech patterns, whatever they may be. They stutter, they have voice problems, they have articulation problems, and so on. Nevertheless, their speech calls attention to itself. Whether they are speaking in a foreign tongue or in English, or whatever the language might be. They become obvious to other people, they call attention to themselves because their speech is so different.

Well, let me suggest that I offer you some assumptions this morning, and see where they fit. I don't know how you think about these. But I would like to think with you for a moment. I would like to assume that some handicaps that we now see in schools and various places may be prevented. And those handicaps may be prevented in a number of ways. One of the things that we have noticed across the country is that among many people who are in the lower social-economic levels, a mother does not receive any medical care up to and including delivery, in many cases. And all of the kinds of problems that occur go unnoticed. And so, some children are born handicapped at the very beginning.

There are also a number of children who never see a doctor or don't have access to a physician until the time when they reach school and they have their first physical examination. And those childhood diseases we used to think of as being rather unimportant have left many children deaf, mentally handicapped, and so on. They cannot be treated as unimportant kinds of conditions. So, children that have had measles, whooping cough, mumps, or whatever it might be, you have to be quite serious in looking at these children, because many of them are injured for life. So if we could have medical care through the life of the child, pediatric care, it might make a difference, might prevent some of these things from happening.

Another thing that is extremely important is proper nutrition for the mother-to-be, before the child is born and after the child is born. And I don't know how much of a problem this is among people that you represent here.

Now let me also suggest that when you talk about handicapping conditions, I think we have to address ourselves to the criteria that we use in determining what those handicapping conditions are. In other words, where is the cutoff going to be for those that are considered mentally handicapped? And where will you indicate those that are gifted, and so on? Where are you going to draw the lines of visually impaired, and so on? So the number could increase or

decrease by changing those criteria. Now, I would like also to assume with you that there are other handicaps, some of these can be prevented, but there are other handicaps that may be partially overcome or remediated. In other words, in part. For example, you can use crutches. And you can put glasses on visually impaired children and they can see. Or you can use visual aids for some of the people that are considered blind and they can still operate. Or you can give medication to the epileptic and you can control his convulsions. And you can also put hearing aids on some hard of hearing children, not all, but on some hard of hearing children and they can hear. And they can profit from regular classroom instruction.

Now, there are some parents that are extremely concerned about the welfare of their children. But likewise, I would assume that there are some parents that are very ashamed of the fact that they have a handicapped child. And I would suggest to you that as educators and as knowledgeable people, you have to help these people overcome some of their feelings of shame and guilt. And help them understand it wasn't something they decided, it was something that just happened, and help them begin to cope with this. I would assume that in general, school administrators are willing to respond to the needs of children, and I am sure in most cases that I have known about, school administrators respond to the pressures brought to bear by parents of handicapped children, as do legislators. If you will look back to about 1945 to 1950, the legislation for handicapped children began to increase at a very rapid rate. And part of this was due to the very fact that parents became actively involved in seeking educational opportunities for their children. And it is pretty hard to deny a parent of a mentally handicapped or blind or deaf child when they come to you and say: "Look, I need a class for my child. You say that you believe in education for all children, and this child is a child, and I want some education for him, too." And people do respond. But the parents have to support this; school boards have to support this. It is important that they do.

I would also assume that Special Education will improve the opportunities for the handicapped individuals but it won't overcome all of the handicaps. You can't sell Special Education with the understanding that you are going to eradicate handicaps. It just isn't so. No matter how hard we try, the deaf will remain deaf in most cases. And no matter how hard you try, a blind person doesn't regain his sight. And no matter how hard you try, that mentally handicapped person who received his condition as a result of injury or some infection and so on, isn't going to become normal, isn't going to achieve at a normal rate. So I would assume then, further, that as mature people, that we will then begin to accept these handicapped people for what they are and not for what they should be. I hope that comes through. You can't hope to make that blind person see again, to be like you, to enjoy the sunsets and so on. And the same is true with other types of handicapped children. Special Education can't be sold on the basis that it is going to overcome those kinds

of conditions. But what it can do, it can help make life a little more meaningful for some children when they become adults. And also can make you a little more proud, I would hope.

I would assume that the timing of the intervention, when you do something about these conditions, is extremely important. I mentioned prevention, which is enormously important here. But I also would like to suggest that you begin to think in terms of young children. By the time this child comes into the school at six years of age, it may be too late in terms of reading and language. He has a terrible handicap to overcome. The sooner the better for many of these. So, I guess I would like to refer to the speaker yesterday. Remember the speaker yesterday who talked about the pig and the chicken having a conversation, and the chicken was offering a contribution of some eggs and the pig was asked to make a commitment with a pound of bacon. I would ask each of you, everyone here, you have to make a commitment. And it may be more than a pound of bacon, but if you don't make a commitment, there are going to be an awful lot of people that are going to continue to wallow in misery, suffer indignities, and so on.

Well, I mentioned earlier that handicapped children grow up to be handicapped adults. Not only are they handicapped just simply from being mentally handicapped, or visually handicapped, and so on, but they also become dependent people, terribly dependent. But more than that, maybe you recognize this, that they are unemployable. So, they have several things going against them. One is that they don't have the dignity of being able to hold a job. I think that is important. No matter how menial a task, they still enjoy holding a job. And so, it is probably important that we consider these people for that very reason, to give them some dignity in life. Let's go back just a moment -- I wanted to show you, for example, it shows here what happens when the family income is down and the kind of medical care that people get. See what happens?

But let us take a look at this for just a moment. Talking about opportunities for children, if they have had less than eight years of schooling, they end up with $145,000 plus for their lifetime for earnings. If they have had one to three years of high school, they earn $236,000. And if they can go to college, one to three years, $327,000. And if they have a degree, for example, they can make about a half a million dollars in their lifetime. So, there are many of these children, handicapped as they may be, I am not talking about mentally handicapped, I am talking about the deaf and the blind and the cripples and so on, the epileptics, because of various reasons, could go on and could be jobholders and could contribute and also enjoy some of the better things of life.

I would suggest to you that one of the places then where we start, I think we need to start with ourselves, perhaps. We need to talk about handicapping conditions. I don't know whether you are aware of this or not, I am sure that you have heard this, do you know anybody who has talked about this child: "He is not well? I know a family who has a child who isn't well." Or, "This family has a child that has spells." Did you ever hear this? These are the kinds of things that sort of mystify and sort of keep hidden some things that we ought to talk about. One of the best things that has happened in a long, long time is the inauguration and the implementation of Parents for Mentally Handicapped Children, and to find a parent of a mentally handicapped child willing to take his child to a meeting or downtown or out camping and so on. So, among adults, we need to become conversant and to be able to discuss these things intelligently and recognize them. But perhaps as well, and as important as this, we need to have children address themselves to these very same discussions. For example, when a child finds that another child has seizures, there is a lot of "Pssst, psst, pssst," that goes on, and they almost treat it as though it is something that you shouldn't talk about. Children need to understand and need to be able to talk about these so that they can begin to develop an attitude toward people who are less endowed than maybe some of us. So when we get to this point, the child who doesn't read or who doesn't hear or can't walk, doesn't become the clown of the classroom, or isn't the scourge of society. I suppose when we do this, we will come to take the handicapped from isolation and cease our discrimination tactics that we oftentimes use; hiding children, for example. Or, in some cases, putting them in institutions when they need not be there.

Now teachers, as well, need help. Many teachers simply do not know how to cope with those kinds of youngsters that I have discussed this morning. They are uncomfortable with them. They are uncomfortable with them for more ways than one, but the major reason that they are uncomfortable with these children is that oftentimes these youngsters are a threat to a teacher because they cannot achieve at the expected levels. In other words, a child who doesn't do grade-level work, oftentimes becomes a liability for the teacher. And it is a liability for the teacher because the administrator imposes certain kinds of restrictions and certain kinds of expectations on teachers. That if a teacher can't bring a class up to grade level, then there is something inferior about the teacher. So here, again, educators need to recognize, I believe, that there are these kinds of problems. And that you treat them individually -- we have been talking about individual differences for thirty years or more. And now it appears in many cases we are getting down to the business of making individual differences meaningful. So, let's see what we can do with teachers in the way of inservice training. I think that Dr. Wirtz, Dr. Lord, and I are very embarrassed in many cases that teachers come out of teacher

training institutions with absolutely no background in this area, with no understanding of handicapped children. And it is rather unfortunate.

So, I would suggest to you, then, that you can't ignore them. They are going to be there. If you don't help prevent them, there are going to be more of them. And perhaps, if you acknowledge the fact that there are handicapped youngsters and if you also begin to do something about it, you will feel stronger, professionally; you will feel better as a human being for having been a part of making another individual a little bit more independent. Thank you very much.

Participant: These figures that you have, are they national?

Dr. Eisenbach: They are national, yes, and they are estimates. You know, if you go out and try to determine exactly how many children there are, that is impossible, so it is done on an estimation, pretty much.

Participant: Percentagewise, it seems to indicate that the Southwest is doing less than the other parts of the country. Does the Indian population have any bearing on this, being responsible for the less efforts?

Dr. Eisenbach: Oh, I suppose. But, I would also like to suggest to you that Special Education and the recognition of handicapped children really began in the East. I think as you saw the growth, it moved westward. If you look at certification patterns, they were a little bit farther behind in the Southwest from what they were in Illinois or Wisconsin. Perhaps part of this is tied to a rural phenomenon. I would suggest that rural people are a little more accepting of disabilities and of people being different, maybe, than some of our suburban friends. That you don't have to hide your youngster if you live out in the country, you share with your neighbors and so on. I lived in the country. I knew these kinds of people, and I don't think they were particularly ashamed of their youngsters. They may have been indifferent, but they were not ashamed.

Any other questions? Well, Dr. Wirtz and Dr. Lord are going to continue.

Dr. Lord: I am glad to be here, and I just want to kind of level with you and talk to you in the problems in which we are interested in. I am going on the assumption that you all love children; I am lost if you do not. Do you all love children? Anyone who doesn't? Some of you had better leave then. It depends upon what time of day and so forth.

We are all entitled to moments when we don't like them. We all love children, but sometimes we don't like them, don't like the way they behave, but we get over that in a hurry. So we all love children, and we want to learn something about children. And I think that I can be comfortable with you in trying to talk about some of the things we should be doing.

Now, I told my secretary that I was going to make this speech. And I said, if I made this speech, how are you going to feel? She is my secretary, and a very able person; how would you feel about it if you sat in the audience, and how would I feel if I heard my own speech. That's not a bad idea, just really hearing yourself and see how you like it. So she made some little cartoons for me here. Well, I think I would feel if I ran a school and had a lot of problems and a lot of children and so forth, I wouldn't want another guy coming around and telling me what else to do, what else I should be doing. I'd have a tendency to pull out my hair and throw up my hands, and turn him off and so forth. And I've got parents and I've got children, and I've got BIA officials, school superintendents, and committees and anthropologists and so forth, and this stuff, running out of my ears. Just leave me alone and let me work for a little while. You may feel that way, I don't know. That would be a natural feeling, if you do feel that way. She said she thought you could feel that way. One the other hand, she said, that maybe you would be willing to study this problem a little bit. Maybe you would be willing to look at it. Maybe you would be willing to see if by any chance, you have any children that are not being served properly.

I have always felt, although I have never been able to do it, that if I ran a school and was very, very busy as an administrator, principal, and so forth, that I would at least try, if I couldn't have special programs now, I would at least try to have some active consideration being given in my school to allow for children with special needs. I think that the simplest thing that you could do would have what I would call a child study committee, to have that established, anyway. You have a few people, I hope, that are really active and interested in children. You more than likely have some people who are more interested than others. I don't see why you couldn't form maybe a little, active, child study committee. And I would state to the committee, speaking now as a principal, your job is to see to it that every child that has a problem in this school is known to us, and that the school is trying to do as much as it can for that child with our own resources. I would say to myself, I am busy, I have to see that the water pipes don't freeze have to take care of the children who are truant, and so on, have to pacify all of the parents, have to entertain all of these damned visitors that come to my school, and so forth. I am very busy. I am likely to overlook our own children. It is my responsibility as a principal to do these things here and that I am likely to overlook

these children. I believe that I could sleep a little better at night if I said, here is a committee of five teachers or three teachers, who are systematically getting the names and problems of all of the children, who are systematically discussing these cases, and so forth. And every now and then bring these cases back to the staff and talk about them. So there is no child in the school that has a problem that we don't know about and are not trying to do some little thing, some small thing about that child. Now, that doesn't cost a nickel. And I think that in time you would uncover lots of problems that needed some attention, and I think you would also find some teachers that would go into some of these problems with children who need special needs. And your staff meetings could be very helpful because you are going to talk about them. That is the cheapest thing that I have to offer you.

Now, you have got a lot of committees going on now, but half of them, I know, are not too important, at least, the kinds of committees I used to have. Try to get a committee that is directly involved with the children that will seriously look at all of the children, and you will be surprised at what teachers can see sometimes, in the problems the children in other rooms have--it is very intriguing for a teacher, say, in room "A," to go over to a teacher in room "B," and talk about problems of her own children that she didn't see. There is a lot of good stimulation there. So maybe, at least you might think about getting on the ball and trying to study your problems.

Oh, and finally, when you thought you could do something like this you can get some outside resources of one kind or another. She is all loaded, briefcase, and ready to go. And she is somebody that is going to help you. And I am going to be talking about these outside people, specialists who might help you in just a moment.

Now, I don't know if I have an audience that will go along on some assumptions with me or not. But I want to try some assumptions on you. Okay, all children have some school-related problems. I wonder if you believe that. I think my own children were fairly normal, but I know they had some problems. I would insist that if a child knows how to read when he comes to school, he has quite a problem. He really does. I have seen it very difficult for teachers of children who knew how to read when they came to school. The teacher knows how to teach that person to read better than anybody else, and it has created all kinds of problems. Do you agree with that?

Now, I think, too, that we all agree that a teacher must be prepared to handle a wide range of these problems. We are asking teachers to handle wider ranges than ever before. We are throwing more and more of these responsibilities on her. The teacher must handle quite a wide range of children. She must handle marginal children,

and various handicapped groups. We expect her to handle a very wide range of differences. Sometimes the differences are too much for her. A teacher should have some special help in handling the moderately severe problems or the problem of learning or adjustment, and this is where the whole field of Special Education comes in. It is kind of at the tail-end of the children, where the problem is a little too much for the teacher, and the principal doesn't have the resources, and there is nothing quite available to take care of this child in the school, and the school has to do something a little different to take care of this extreme case, moderate to severe. That is moderate to severe, in any one of the several dimensions that we have talked about, including the gifted child, too. The gifted child, the very bright child, cannot be overlooked. He, too, needs some kind of special help.

Dr. Wirtz: Can I make a comment, Francis? I think what Dr. Lord has pointed out is an extremely important thing. It has been recognized nationally that through some federal legislation under the Education Professional Development Act (EDPA) they have funded a whole series of projects to sensitize and train regular classroom teachers to be able to work with handicapped kids in the regular classes.

As Dr. Eisenbach mentioned earlier, most regular class teachers, much less administrators, have not had any kind of formal training to work with handicapped kids. Because if you look at the percentages, it is up to ten percent of our kinds in school who are going to be handicapped, and some of those are always going to be in regular classes. And we are now trying to plug into the in-service training programs to assist regular classroom teachers to be able to be at least sensitive to the needs of these kinds, to the handicapped child. I think this is going to make some significant difference.

Dr. Lord: So, I am talking primarily about the last point here, the child who is a little too extreme in difficulty, there are too many problems for the regular teacher to handle, those that will deviate, too severe, too abiding to be cared for totally in the regular grade by the regular teacher.

I am going to enumerate and describe the various ways we have tried to bring some kind of service to these different children. I will give you four or five plans here.

Plan "A", first one I am talking about is plan "A", a special resource room. Now, this plan is aimed at helping a child to succeed in the regular classroom, either full-time or part-time. It might be part-time in the regular classroom.

This plan is devised to help the children to have enough resources to do a considerable part of the work in the regular class when he needs extra help on the side, and needs specialized help because there is a type "B" coming in just a moment. Now a good example of that is the braille resource room. It would be a special room with a special teacher who knows braille and has all of the braille equipment and so forth. It would have a braille writer, tape, and all of this sort of thing. Fully equipped to serve children who are blind.

Now, there is a blind child who comes to school in the morning and gets off the bus and goes to his regular grades; he is reading braille and the other children are reading printing. But when he needs help, he goes back to the resource room. It's the responsibility now, of the resource teacher, to braille his material, take his spelling lists and put them in braille, so that he can study. And to braille his arithmetic so that he can go back and sit with the other children and do his arithmetic. The teacher can dictate these spelling words if he has already had them in braille, he will write them in braille and the other children will write them in printing and he can take these braille lists of spelling words back to the resource teacher, and she can correct them. So, you see, he works back and forth between the two classrooms. All of this highly specialized help in the resource room. This is probably the most helpful concept that we have, of getting service to children. Because, literally, this is the resource room for the child, resource for the child, where he can get a few skills he needs, and he can spend part of his time with the regular children. This is very widely practiced throughout the country, and we are primarily concerned now with giving specialized help to the child. The braille teacher may occasionally work with the regualr teacher, cooperating and discussing problems and so forth. But my main concern is to plug into that handicapped child all of the different helps and special helps he needs, special materials and special aids, so that he can get along very well in attending the regular grades.

Now, there are variations of that.

There is an increasing interest in type "B", I call it. I call it the more generalized resource room. Remember, type "A", I said, was just a braille teacher. She was only concerned with children who did not have sight. Her main skill was braille and braille reading. That's all she would do. Now, there is a very great interest today and you will visit tomorrow some of these resource rooms right here in Albuquerque, the general resource rooms. The idea is much the same, except the teachers are likely to work with a variety of children. She may have some children who are slow, some children that may have some emotional problems, some children who have special health problems, and so forth. And again, this gets tough when you ask her to take a variety of children. But it

is being done. You get some rooms that deal with learning problems and are very often most likely to be remedial reading -- remedial and learning problems. I know of several places where they have a general resource for the physically handicapped children. That could be in a high school. There is a teacher who knows something about all types of physically handicapped children. She has her own room. There are eight or ten physically handicapped children in the high school. These handicapped children can always come to her for coaching. Come to her for remedial teaching, and so forth. And usually these teachers, usually all of these teachers in Special Education try to use the clinical approach. They all have a problem. You begin with a problem, they define the problem. You set up some alternatives in trying to solve the problem. You try out our methods, and so forth, and you come back and define your problem. And I think the clinical approach to teaching, and I am talking about a problem approach to teaching, and this is one of the fantastic things about Special Education, one of the things that sets it apart from all other fields. We begin with problems, we begin with hypotheses, we begin with ideas on how to solve the problem. We are obliged to try several approaches to try to solve the problem. We try to take a look at where we have been, and we start all over again with a new problem -- and so the clinical approach is probably the hardest of all of the programs that we have. Without this, without the teacher first being involved, with the problem, with his retardation, his blindness, and so forth, and without instructing her on the approach, the systematic way, we don't have anything to hold together, intact, as the systematic approach does.

Now, I think this adaptation -- you can have almost any kind of a resource room, and have a teacher in there with enough skills to try to help the variety of children. Some places just have a half-day resource room. A three-hour resource room; an every afternoon resource room. You might have two or three different teachers who can take care of it. One teacher may be better at reading problems, and the other teacher might be better in something else. You can have it manned almost by a system of rotating teachers. And you, as administrators, it is a wonderful opportunity for you to go in there and work for a couple of hours a day or so. And learn about these problems. Set aside an hour a day and go in and work with the children that need help in that resource room. You think you are too busy, but this would pay off a great deal in terms of sharpening your own skills.

Now, there are many variations of this. I am just not talking about one pattern. I think it is up to you to look at your own system and see how many children you have, what talents do you have on you staff, what talents can you get? Can you hire a teacher next year who knows quite a bit about retardation? The next year

you can hire a teacher who knows quite a bit about learning disabilities. And could you use, somehow, these teachers on a part-time basis in a type "B" resource room? There are limitations. I think nobody can know all about everything. The services may not be very specialized, but at least you have to begin there, you have to hope that you are giving the children something worthwhile.

Dr. Wirtz: I think another comment on this, Francis, is that you are beginning to see a trend, I think nationally, in terms of training Special Education teachers. We have had a problem and this Special Education for the handicapped has gotten so specialized that it is driving us out of our trees. You train one person for one kind of retarded and another kind of teacher for another kind of retarded, and another teacher for cripples and another teacher for deaf and one for hard of hearing and one for blind and one for partially sighted. And we have fragmented this whole thing to the point where one teacher says: "I can't work with that child because I have only been trained to work with this child. And when you put them all together, I can't work with them because I was trained for something else."

Participant: Many of these things that you have mentioned -- one was certified teachers. I wondered, really, one of the Bureau people could answer this -- when are we going to get specially trained teachers for Special Education in the BIA?

Dr. Lord: The question is, when do we get the Bureau to set a standard and get specially trained teachers so that we can get them certified by the Bureau, and when can we get some special help?

Dr. Campanelli: Well, I don't think the problem is that blatant. We have a number of teachers in the BIA that have graduate or undergraduate degrees in Special Education. I think the problem is this: That very often these people elect not to serve as Special Education teachers. They prefer to serve as regular classroom teachers. I don't think the administration has the power to force these teachers to serve as Special Education teachers. But I think it is up to the local school administrator to assign--or maybe the BIA Area Director of Education--in terms of needs. There is no limitation placed on who he can or cannot hire, not that I am aware of.

Participant: Well, let me say assistant teacher?

Dr. Campanelli: Well, in the BIA, we have about a hundred and four teachers that have graduate or undergraduate degrees in the areas of Special Education. Now, we have trained some more in terms of the kinds of programs that these Western Michigan people are talking about. We started three summers ago, and we will continue this summer, where people can go to get additional help during the summer,

and work with students in the regular classroom setting.

Participant: I have a question. Now, if we are going to accept the standard of the States, when do we start operating, principals, with the administrators, with the teachers, with child care certificates--

Dr. Lord: The question is, when are you going to try to have some kind of standards for various types of jobs?

Dr. Campanelli: I would ask other people who are here in charge of Education in the Area Offices, who have the responsibility for hiring and the types of people they do hire, I would ask them to respond to this.

Participant: I would like to respond to your first question, too. I think you are right in that traditionally these people have come into the Bureau of Indian Affairs, and into Special Education, with these kinds of qualifications. But they haven't necessarily been recruited on that basis. They come in and then we start a push in Special Education and say: "Who among the staff has this kind of training and this kind of interest and so on." And they have been utilized like that. Hopefully, as Dr. Campanelli said yesterday, and as it was so well expressed here today in terms of needs, that this is an area we would be able to move into. In terms of a number of things, starting with resource rooms. And of course, you are aware of the efforts we have had on Navajo, and I think this is pretty generally reflected in the BIA.

Now, on this matter of qualification, that a principal coming in, I think the impetus has been, and I think there is a shift in American Education to where this master's degree, although it is desirable, sometimes something else might take precedence over it in the terms of the ability of a person to relate to a teaching staff and to a community. And hopefully, whatever means we use, be it a master's degree or just a bachelor's degree with these qualifications, we will never get away from that in terms of placement of principals. But I certainly see your point in terms of more and more of our youngsters do go into a public school at some time. And this is part of the criteria they use for judging schools that these youngsters came from. And I certainly recognize that.

Participant: Isn't one of the important things to begin with, this background of experience of someone who is interested in individualizing the instruction within a classroom? That's important as a background. You can hire someone with all kinds of degrees, but unless they have this concept, they might not be very successful with a degree alone. Many times, the teachers we have hired in some of these experiences, they have encountered in the Bureau, is that they might go on and take some training and know the kind of

background the youngsters for which they are taking this training -- and it seems to me that this might be more successful than to bring out a lot of specialists who are ignorant of the BIA's problems and the problems children have. I may be wrong about this. And I would agree that certainly the administration has to be interested in pushing this sort of thing. I know we do not come by it. Parents have to join; the Indian people have to do this as well as -- it's a team approach. It's not a one-way street.

Dr. Wirtz: I think there are at least three elements that have to be involved in this sort of thing. I have worked all across the United States, you know, and I had a principal who wouldn't let me try some of these things that I know how to do. Well, what am I going to do? You have two options: Either you do what he says, or you go find yourself some place else to work. And that doesn't solve the local situation. That is where other people come in. I think you have to have a teacher who is willing and has some knowledge of what skills to use or what techniques to use. You have to have a principal or a superintendent who is supportive of these kinds of things. And you also have to have a group of parents who might not have to bug to have it happen, but at least support it if it is happening. And unless you have got all three of those elements, you really don't have a comprehensive package. You can get knocked down at any one of these levels. And I think one of the reasons that we were interested in this kind of a conference is to be of assistance to the administrators. We have an administrative training program. They are not having their people training to be superintendents and principals, getting involved in some of these aspects of prescriptive teaching, this kind of educational leadership. They are more concerned with budgets, hiring practices, with the school board relations, public relations, and these are important. But we are still talking about ten percent of the school population with these kinds of problems. So there has to be some interest and some knowledge of this on the part of the administrators.

Participant: You know, another point that keeps coming through to me here has to do with a total teaching staff. And like you were saying, in the absence of them coming out of the colleges and universities with this kind of sensitivity, then if we are really going to even start on this job, we have to have people that are sensitive and do recognize these kinds of things as well as the other ones that are more specialized, hopefully in a general way.

Dr. Wirtz: This goes right back to one of the things I was saying earlier: It is awfully easy to let Special Education develop and it kind of leads an independent life, and goes on by itself. Without being looked at as a part of the whole range of educational activities, which the principal or the superintendent or the Area Office is responsible for. And it is so easy for the

Special Education teacher to get out there and be completely isolated and for them to say; "Don't ask me about that, I don't know anything about that, now you are on your own." I taught in a situation like this, when I was a classroom teacher. And it is sheer torture, believe me, because you have got nobody that you can even ask a question of, much less have any interest about. So, it has got to be considered a part of the overall educational package. And that is all we are talking about. There is nothing magic about Special Education. It is just, as Dr. Lord said it, you start with the child's problems rather than with the subject area. Most teachers look at the subject and consider the child. Special Education is reversed. You look at the child and the disability and you fit the subjects around the child's disabilities, and that really is the only difference between Special Education and general education, except for the physical facilities and some of these kinds of things. But the teaching approach, I think is really important for all of Education.

Participant: I think, speaking for school administrators, I can hit a little bit more to the point of the problem that we are facing. We have probably about twenty-five teachers, who come into our system in Eastern Navajo. And some of these teachers are qualified in Special Education. But the problem is that we have a thirty-to-one ratio, putting one teacher to thirty students. Now, unless we go through ESEA, Title programs, to secure a teacher, which is difficult to do, to come out to the reservation for one year, employment is very difficult: to find Special Education persons to come out to the reservations. So the only program that we can administer or set up in our program, is when we bootleg. And when we bootleg, this means thirty-five to forty students to one teacher.

Dr. Wirtz: I would say that this is essentially a policy problem within BIA. If Special Education is going to be important, then, we have got to have some classes with a one-to-six ratio, or one-to-eight, whatever is necessary.

Participant: I don't think that I agree with you in this sense: You have two dimensions, and it is like this: What do you do until you get it into a way it should be in? As an illustration, the last three years, we have had the folks from Northern Colorado University coming down in terms of sensitizing of all teachers. One time it caused a little bit of a problem for the other youngsters. But you do what you can until you get the situation the way it should be. You recruit from your staff, and you specialize from your staff and so on until you can get a lower ratio. But, this is the problem of American Education. You just make the best dent that you can.

Dr. Wirtz: Yes. It is not confined to BIA, believe me. I am hoping that by this afternoon I am going to have a systematically developed plan from the most simple kinds of things to the most complex -- and you know, you can plug into some level of this and hopefully we can show the stages of development from the most simple kind of a plan serving kids, to a most complex kind of a plan. And hopefully by the time you leave here, everyone can have some idea of where they might fit on this from the most complex and sophisticated in the plan -- and have some idea as the steps that they might have to take to develop that kind of a plan.

Dr. Lord: We have sight on this problem and we know how important it is. And I am going to charge all three of you here with the responsibility to see that it doesn't die, so that we can get to the bottom of it.

I was very impressed with your responsiveness and your seriousness of the problems we are talking about. I came with the feeling that we were going to give each other ideas and suggestions and we were going to find out a little bit about where the money is or isn't, and so forth. You can start on a little program of trying to change the attitude of teachers. Help your teachers with their attitude towards the problem and so on.

However, we want you to think largely of yourself: Where are you in your own attitude and convictions, and what you might do?

Now, I talked about the resource room earlier. We are going down a little different concept than that, the itinerant teacher serving children. The itinerant teacher is a traveling teacher, always takes her service to the child. By and large, the itinerant teacher works with children, one child or several children. The services in this case is taken by a specialist to the child.

Now, that is a little different from the resource room, where the teacher stays put. The itinerant teacher moves around and delivers her services. The important thing is that she brings some special skills to the child and primarily works with the child, and maybe incidentally with the teacher. This, of course, is best illustrated by our speech therapy program and so forth. If I asked you what the most common kind of service is in Special Education, you would probably say Special Education classes. That's not true. There are more children getting Special Education in this country, through an itinerant program, than all of the other programs put together.

Now, here, you can get a variety of services by the itinerant teacher. It begins with a problem and works from a problem. I can put this in humble language by repeating a conversation of a student teacher in college, a college girl, who said to me recently

-- I said, "Have you had your student teaching?" And she said, "Yes, I taught regular children and I taught special children." You know the question I wanted to ask her, to reinforce my position, so I asked her which she liked better, and she said -- she was very perceptive -- she said, "Well, I think I like the special."

And I asked her why, and she said; "It looked like the special teacher had better excuses for what she was doing." That's her own language. And I think we probably do have better excuses for what we are doing. I think we can stand up and defend it quicker, sometimes, than the elementary teachers. But we are interested in problems, diagnosing the problems, locating the problems, providing the medium of therapeutic programs and very often providing some kind of help for the teacher and the parent to follow. This is what the itinerant teachers do.

The big question is, what kind of an itinerant teacher do you want. What kind of skills does she have? Unfortunately, itinerant teachers don't come in styles and models. You don't do anything but teach, as some of the others, some of the others won't even talk about MR and so forth.

I guess I would hire somebody, maybe, who is more interested in learning disabilities. They aren't as hard to engage as some of the others. They are interested in learning problems and are kind of a new group of specialists and they hardly know where to begin and where to leave off, but I might get some 66 them -- so the itinerant does offer a lot of flexibility. Again, I am giving you some plans that are not too difficult to put into operation, if you have some financial resources, and I am sure you do. The teacher consultant isn't too much different from the itinerant. I get kind of scared away from the word "consultant". Somebody said, with our money in the United States, we have a group of consultants, and they went into Africa, a college professor, an engineer, doctors, general consultants and so forth. And these consultants finally ended up working in an area where there were headhunters. And the headhunters began to classify the doctors' brains, the teachers' brains, the businessmens' brains, and the consultants' brains. And then they would sell these. The doctors brains were five dollars an ounce; the teachers' brains ten dollars an ounce; but the consultants' brains were five hundred dollars an ounce. Why five hundred dollars an ounce? They said, "Because it takes so damn many of them to get an ounce of brains."

So, I don't like to use the word. The itinerant teacher is a consultant to the child. Now, get the difference: The itinerant teacher is a consultant to the child. The consultant, on the other hand, is a consultant to the teacher. He tries to help the regular teacher with a variety of problems, by working with the teacher. Gives the teacher help in material and resources, and

so on. Now, the aim, of course, is to help the teacher so that he can do a better job with the child. I have all kinds of reservations about this. Because some teachers are very busy and some teachers kind of resent the fact of having someone come in and telling them what to do. And what they want is a little time, you know, you do it yourself: I've got more than I can do the way things are going now. But that is the intent of the consultant.

But remember, the consultant is primarily a consultant to the teacher. Now, they sometimes come in special models, they are called MR, and some of them are called this and that and so forth. I think we are going to work more on the idea of generalizing. The person who knows a lot about several kinds of children is going to be the consultant. The people in MR know a lot about the handicaps of other kinds of children, too, and we have built the specialist all out of proportion, his real skills. For example, motivation. I don't know what motivates the handicapped and the retarded child. I don't know that I motivate [illegible] any differently than I do children. The principles are the motivation, and someone can ask me a question and I can reinforce them. The children respond to almost the same kind of motivation. I don't know whether they actually learn any differently, that there are any differences, in learning. So I suspect we are going to come more and more to training generally and help teach a variety of teachers, and that is the kind of person, probably, you would employ: one who is probably trained in learning disabilities and retardation, with a little knowledge of each. That would take care of most of our children, wouldn't it?

Of course, you have to have them coming in at the State level, regional level, and local levels. Now, I haven't said anything about special classes. I didn't because I thought you knew a lot about special classes, and that is another kind of an approach. Now, I don't think I will say anything about it, because that concept is not far removed from your own experiences. But you want to remember that even special classes come in different dimensions. There are full-time special classes, held full-time, held part-time, come in two afternoons a week, and there are great variations in special classes. I really think that the special class is the least inventive way to handle your problems. These others are more resourceful and more helpful for more children, than just a special class.

But let me give you just one example on a modification of a special class. A cluster of children. If you have, for example, a few retarded children, and put them all in the same grade room. They can be a supplement to the classroom and you have sort of a modification of the special class, and you might end up taking special classes. Now, California does this with gifted children. Instead of keeping the gifted children in special classes all day, there are a variety of ways you can do it, a very simple way is to have

one teacher instruct several of them, cluster them. Have the teacher with the resources and material and get with them. And instead of having two or three each, each teacher has six, you see. The children stimulate each other. They needn't be all on the same grade level. Different grade levels. Bright children, you know, get along very well at different grade levels and age levels. So, there are all kinds of modifications for special classes. Everything from full-time, part-time, clustering and so on and so forth. And there are all kinds of possibilities for you. You look at your own situation and you decide which kind you might want to use.

Well, I have kind of finished my first round of ideas, and I come back to you again, systematically, and I will talk about administrative plans for delivering these services into schools and regions. Again, don't try to do too much at once, try to do a simple package, look at the thing yourself, believe in it yourself, and let this thing evolve into a genuine service. But I think you should feel perhaps not guilty that you don't have these services for these children. But I think you must involve these children. But I think you must involve these children, since they are going to be in your schools. You cannot ignore them. And some of the things that I have talked about are ways and means to see that at least these children get a fair break within your school.

Dr. Wirtz: One of the things that has bothered me for a long time is this whole business of how kids get into a program.

Obviously, you have got to have some testing, because this is a helpful tool to find out what gaps there are in the individual's learning ability, or what he has learned up to this point. That is a piece of it. Another piece of it, and it's something that was alluded to earlier today, is the whole medical side of this thing: Is there something which is medically correctable, vision, hearing, all of the other things.

I have seen kids referred as hearing handicapped, for example, and have a doctor look at them and find out that a bean, or a hunk of crayon in the ear, or a big hunk of wax in those ears, is what is keeping him from hearing. They get that out and the kid's hearing is back to normal again. So you have to have a medical evaluation. This is absolutely critical for many of the kids. You have to have an educational evaluation. I think that somebody with an educational background, aside from a psychologist, who is a testing type, to look at what gaps are there in his learning skills. I mean, if he has got problems in reading, for example, is it because the teacher is using phonics approach and the kid needs the visual approach? And there are a variety of approaches. Is it that he can't master the basic fundamentals of doing arithmetic? Or is it that he can't do the word problems? All of these kinds

of things have to be evaluated and you literally plot charts where he is and the educational type of skill. On top of that, you need what we would call a social history or social evaluation. I think we have to know something about his relationship with his fellow students. We've got to know something about his relationship with his sisters and brothers, with his parents. All of these things are important in making an educational plan. And when you are all through, here is what you are saying: Okay, here is what we have got, and turn it over to somebody to do with it.

This group that makes the evaluation should write what I call an educational prescription. Something which can be given to the teacher and say. "Here are some things that you can try. We know at this point you can try this until he gets to this point." And it is much like a physician. The physician says: "I think I am going to try you on this and I think you ought to do this." And he writes a prescription for you. Any good teacher does this, if she is watching children. She knows the next step is this, and the next step is this. But we don't do it necessarily systematically. And this is what the diagnosis ought to be.

I think the classroom teachers ought to be involved in this. If Special Education teachers are available, they should be involved in the thing. I don't think it hurts the principals, even your superintendent, to sit in on these, just to find out what the educational problems are. It has other values. If you do enough of evaluations, and you make recommendations, and then place children in programs which are available, but you have a lot of placements that are marginal placements, it really is not exactly what we ought to have, but it is the best that we have got for the moment. Or you say, let's put him in on a trial basis, to see if this is the right place for him. And come back and reevaluate him. If you look at enough of these, you begin to sit on the marginal placements; you say that this is the only place that we have got. And you go back then, say a year later, or two years later, how did all of these work out? And you find if it didn't work, you look at the characteristics of all of these children. And then you say, well, maybe this is a new program that we ought to have. And I have seen some very creative programs come out of looking at why the kids didn't fit in the package.

You see, our problem is our curriculum. We say, here is the program. The kid has got to fit into one of these slots that we have developed from our administrative wisdom, whatever that is, rather than saying: "Here are some children with some problems; how can we structure the program around the problems of these children? That always has to be the starting point, from my point of view; you start with the problems of the kids.

Dr. Lord: Talking about the diagnosis, there are a couple of things I think you can do. Again, it is quite simple. Don't leave it

entirely in the hands of one person. I think that the diagnosis should go to as many as two or three teachers, for any kind of a serious problem. Somebody in that group is to have an idea. And let the group decide what is to be done with the child. We call this "admissions committee" or "screening committee". It is fantastic sometimes how they can see the child on one side and an elementary teacher can see the child a different way. I wouldn't call in a special diagnostic psychologist, I wouldn't trust him, but if you did I would let him know that his ideas have to be weighed by somebody else. And you had better look them over. You might not be able to do it with all children, but if there is any doubt at all, get the collective judgment of several. Just the same, it assures a more sensible placement and also it is very stimulating and helpful as a teacher, to go through this service several times. It has some kind of leveling influence.

Dr. Wirtz: I think of a little girl I saw where we had all of these elements. We had psychologists, we had social workers, we had educators, we had pediatricians, psychiatrists, orthopedists. Now granted, this was a very heavily populated suburban area, so that we could do all of these things. But with all of that, I am thinking of one little girl that we brought in our evaluation clinic. We tested and made recommendations for the placement, and everybody agreed that this was a perfect placement for her. And she was sent out to the school. And after the first morning, I got a call from the teacher. She said that all hell had broken loose in her classroom, that we had to take that girl out. And there was nothing in the diagnosis to indicate this, and where did we go wrong? We goofed somewhere.

So, we brought her back to the clinic a second time, I put her in a situation where she had to relate with about a dozen people, and she couldn't cope with a dozen people at one time. When you would get her with all of these people she was literally a wall climber. She just exploded. And the result was, we had to find a different placement for her. Now, that doesn't always happen that way, fortunately. But even with this kind of a sophisticated staff, you still make mistakes. And I like to use the idea of child placements. One of the real dangers we have in Special Education is to go through this kind of an evaluation, and place a child, and forget about him. And that is damaging to the child, because children do change. And I know there ought to be a reevaluation at least, I think, at least every two years, because children do change. There are factors that enter into the school life that will change their functioning.

Participant: How would you assess the significance of what some call the "exceptation syndrome" in relation to what you are saying, and how the thing works?

Dr. Wirtz: Well, there is an interesting research study on this, and I will use it as an illustration. They took a class of children and they told the teacher that half of the kids were really going to go, and they told the teacher of the other half that they really didn't have much. Well, what they didn't tell the teacher, is that the good kids were put in the group that they said weren't going to go very far, and the poor kids were put in the other group. And what happened? The teacher worked with the poor kids, and they did take off. And the group she had poor expectations for, didn't produce in spite of the fact that they had more potential than the group that was producing. So, here again, it's what the teacher is expecting from the child. Too often, if we label the child "mentally retarded", we expect retarded behavior and retarded educational attainments. But, if we can somehow keep that carrot in front of the teacher's nose and in front of the child's nose, there are things that kids can do. You know, you keep pushing them to the limit all of the time, without breaking them down. But it is awfully easy just to say; "Well, he isn't going to function."

I had a teacher that took a class from me and went into Washington as a one-year substitute in a primary class for the mentally retarded. These were young kids, (six, seven, eight years old) who were functioning at some low level. And these kids had been there, some of them, one or two years, at least. And this teacher went in with the idea that she was going to press those children as hard as she chould to make some educational attainment. The result was she got practically all of them reading. Some were reading, after the one year, at the third grade level, and some even pushing the fourth grade level. They hadn't done this before. Now, at the end of the year, of course, this one-year substitute went out of the picture, and the regular special class teacher--and I even hate to use that here, because she was so bad--she came back in and looked at all of the books in her classroom, and she said, "Take them out of here, these kids can't read. They are retarded."

The result was, right down the drain, this whole group of kids went. And this is happening countless times primarily with the Black population, and they got sick and tired of it. And they brought a court suit, and they did away with the basic track system.

Now, to a certain extent, they threw out the baby with the basket, because in that population there were some kids who truly were retarded, and needed some special help. But because of us, (I am talking about professionals now, who should know better) we really destroyed, literally, the lives of a lot of kids. And this is happening. The same thing is happening in Detroit. It is happening in St. Louis. And it is happening in Chicago. And there is a real attack on this whole concept of classes for the educable mentally retarded because we have put too many kids in there, and have just let them sit and stew for the longest time until they get through.

Participant: I am a social worker, and I am on the committee that makes the selection of the youngsters that come to the school. Now, the residential off-reservation schools are needing to come to grips with the very difficult problem--the criteria for eligibility to come to the school in the social realm. The social referrals are, by definition, to have exhausted resources available to them in their home communities. Therefore, there is built into this expectation, the possibility that these youngsters have gone beyond the vale of what professional services can provide.

I think in the BIA we have a unique problem. For instance, in our setting, this is getting up to thirty-five percent of the population of eight hundred and twenty kids. This is beyond the proportion that we referred to, and it presents a difficult category for a teacher with a ratio of one to twenty-five or thirty, when you have a youngster that demonstrates his behavioral trouble and as relates to his learning deficits. It is complex, but it is a very real problem and I think that it is going to increase rather than decrease. That's my assumption. If it does, then I think this group ought to address themselves to it sometime.

Dr. Lord: If I read your comments correctly, you are saying that they are not eligible unless they have other problems.

Participant: The criteria for eligibility includes-- Well, if it's very justifiable, maybe that is what ought to be looked at. Perhaps, it's best to select some children that have some similar problems. I am not sure that we have been too successful in bringing all of these services, needs, together. Has this problem been up for review by the BIA? Is there a real defense for it? Is this the best way to serve the school, or are there other alternatives?

Participant: What we are trying to do is provide special facilities to educate the child in the community.

Participant: Having exhausted these possibilities, the youngster then has a possibility of reference to the off-reservation school.

Dr. Wirtz: I would like to comment to that, up to a point. Now, of course, my concept of a complete Special Education program ranges from having options available. You can't always mount this scope of a program, but it ranges from residential facilities to special class to resource room, to an itinerant, to a regular class placement. And really, unless you have these kinds of options available for placing children with problems, you don't have a complete Special Education program. You have an incomplete program, and it may be that at any one moment, like six months or a year or maybe even two years, the child might profit and might need this kind of a facility. But you try to work them back out of the segregated type of facility back into the community.

Now, I liken this to the psychiatrist who works with the disturbed individual. You don't change a disturbance by keeping an individual in the environment that created the disturbance in the first place. You remove him and give him some defenses, some skills, some ability to work with other people, and then you gradually introduce them back into the broader society. I don't necessarily see that it is completely bad. But the object ought to be that is not a dead end. You have got to take it hopefully, in terms of placement and try to move him back out again. At least, give the youngster the option, or the parents the option.

Participant: The function of the BIA boarding school is what I am saying, is in the thrust (it needs to be if it is not) in recognition of problems that we are being asked to address ourselves to. We need a higher consideration at the Area Office level, and I am glad you people are here as consultants--it needs to be looked at from a very pragmatic, financial standpoint; the kind of services that are needed to meet the needs of a group of youngsters that are not going to be met elsewhere at this time.

Dr. Wirtz: Anyone have a reaction to that?

Participant: I would just like to support what he is saying. I think what he is saying is that our schools, our off-reservation boarding schools, are becoming far more special than ordinary public schools, because we are getting children for whom the public schools have sort of given up.

Dr. Wirtz: Is this a gradual shift in emphasis?

Participant: Yes.

Dr. Wirtz: That poses a real tough problem for you, because at that point you have to think in terms of what kind of a program are you offering students at the boarding schools.

Dr. Lord: Well, do you have the increased resources, now, to take care of this different population? Or have your resources stayed stable and your child population changed?

Participant: My impression is that our finances are based and fixed on daily attendance. And whenever you reduce the population, which would be desirable in this situation, you reduce the funding base.

Dr. Wirtz: Can I just show something here? We were talking about this at the break. Now, I don't know how the BIA fixes the amount of money that gets to this school. I am assuming that you have got so many kids, and you have got so much per child, and that is how you arrive at a budget figure, which presents a real budget figure.

For Special Education, it is a good rule of thumb and I have seen this work in almost every State. I see no reason why it can't work with BIA.

Let's assume that the average cost-per-child is five hundred dollars. Let's just pick that figure out of a hat. For the groups that are mentally retarded, that would be the educable retarded and so on, it runs about twice as much, or about a thousand dollars per child. Well, if you go to the physically handicapped (this would be crippled, blind, deaf, the figure would be fairly close to the emotionally disturbed child or about four times this figure, two thousand dollars. So, if you know how many kids you have got and you are projecting a budget for them, you can just plug in twice as much for this group, and four times as much for this group. But you've got to make sure that the money is available to them and spread it over the total population, obviously.

Participant: I think the problem there is the salary for your teachers. If they are at the same level, the cost per child is increasing. And unless they meet the current salaries, like they do in the public schools--we don't pay the Bureau Special Education teachers. I think that this is where we are losing interest.

Dr. Wirtz: You think you are losing because you are not paying an extra bonus for teaching Special Education?

Participant: Right.

Dr. Wirtz: Well, that is a real controversial one. I don't know how some of the other Special Educators feel about it. We are in a period of supply and demand at this point. Where, if you take the areas of the blind and the deaf, particularly, there are about ten jobs for every person who is trained for it, in the United States. If you take some of the other areas, the areas for the crippled, for example, there are a lot of teachers teaching in regular classes because they can't find jobs. In the areas of the mentally retarded we are making great progress. You know, ten years ago it was a lot worse because some of these federal funding programs were carrying a lot of teachers. And we lose a lot of teachers.

Now, teaching some of these handicapped kids is a real tough job. Some of the regular teachers complain about somebody, you know, got a nice easy load, and this sort of thing. And the standard answer I give them: "Do you want to swap jobs for a while? Just try it for a while." It is no picnic, and they earn their money.

Dr. Lord: It seems to me that the biggest thing that happens in the field of Special Education and is happening in some States, applies to your problem here. Mainly, in the past, in operating a program, I had to have a special class for crippled children. And I tried to get the money. I knew that if I had a special class, I

could get the money. In the state of California and places like that, they don't talk like that anymore. They say: "What kind of programs do you really need for your population?" I need a special class for some children, half of my children can be in special classes half-time, and the other half the other time. And maybe I need a resource teacher. Now, you are reimbursed in terms of the kind of services and the kind of program you give them. We call it program reimbursement. To reimburse the program. There are different levels of reimbursement. If you have a special class, do it this way. If a child is in the hospital, it is a little more. And the whole financing structure is being away from categorical simple reimbursement. It is reimbursement in terms of kind of services and quality of services and the special needs of the particular children. We are talking about program reimbursement and not just reimbursement per head.

Participant: I might talk about two points.

In most of the Bureau of Indian Affairs, with the exception of the Navajo and Alaska, youngsters who are in the boarding schools are youngsters who are there for educational reasons, for social conditions in the home, or such. That makes them eligible for enrollment. Now, this gives the special kind of population that was described back here so well.

Now, in terms of ability to finance and so on. By and large, you get funds for operation on the basis of the number of people served. That is just as it was said. And at the present time, they haven't been able to get any of these kinds of special components cranked in to the extent that they are needed. So, you have a situation where you have this much money for youngsters who are ordinarily served on the basis of one-to-thirty. So you take that money and you use it for the purposes we described in the terms of the ratios. Now, I am talking about the way it is. I am not talking about the way it should be. Because I think we are working hard in terms of getting these kinds of components into the Bureau of Budgets process. That over the three-year period they are going through the ceilings and limitations that we have in the executive branch of the federal government within the Bureau itself, within the department, within the Bureau of the Budget, before you even get to Congress with these kinds of things. But it is within this kind of a conjectural framework that we are working in terms of youngsters, in terms of ability to serve these youngsters. So, I say, that this can become an excuse for not doing anything. And I don't think that that is the implication of it at all; that we do all we can within the framework that we are operating right now, and keep searching for the way it should be. I think this is pretty much of our commitments on it.

Participant: I feel like the BIA is in a unique situation, where we can contribute a great deal in a better understanding on how to

serve some of these special needs by a very direct commitment to address these things, to define them, and to work effectively meeting them. I think you have a model inherent in the situation that provides a unique situation and in which the Indian people and the BIA could contribute to some resolutions that are not available in the public school systems.

Dr. Wirtz: There is a golden opportunity in the BIA at this point to be on what you would call the cutting edge of educational programs, in spite of the fact that you have some limited resources.

But in terms of the general kind of consultants that Dr. Lord was talking about, a broadly based kind of teacher--many of our States can't do this because they are so hemmed in with rules and regulations and laws and reimbursement schemes and what have you. And they don't have the flexibility. If we are just struggling with policy statements now, at this time, now is the time to get on the far side. You can have an opportunity, you know, to be fifty years ahead of half of the States. You don't have that opportunity very often.

Participant: I have been concerned for years about the whole matter of the boarding school. Because they have all of these criteria that have to be met. One often meets Indian people and many of these people have been through the old boarding schools. They have such a lovely outlook on life. And in those days, I suppose, there weren't all of these restrictions about entering boarding school, and these were well-adjusted people. And so, you get this socialization that goes on, and it reinforces the normal Indian outlook towards the world. And it was a happy outlook.

So the whole thing had to be changed, I suppose, because--maybe to keep up with changes in other areas of life. And so, the type of youngster you get often in the big boarding schools come to the schools with all of these problems. And there they socialize again. I think it would be bewildering, to say the least, to cope with these people.

Now, I have always maintained that we should have another school which would take care of some of the children that are academically apt. And I suppose we do, because we could call these exceptional. They are Indian people, Indian boys and girls, and they have no resources other than the public schools. However, I do feel that because they will have to go to public school, that they should. But their identity of themselves as an Indian should be a little bit disturbed, maybe. I know this from my own experience, and I think that we have had opportunities to send some of our youngsters away to some of the better schools in our country, but this has--there is always that possibility, that he might feel a little bit alienated when he gets in that group. I think this is kind of

irrelevant to the handicapped children that we are talking about.

Dr. Wirtz: No, it isn't, because we talk about emotionally disturbed programs for example, and these are some of the factors that create disturbances.

Participant: I think she alluded to this, that the youngsters who are grossly disturbed--and I mention again those who come to our school. For the first time, maybe in two or three years, go to some classes a day. They may not go to all six classes. But they function best with Indian children. So, this is rationale for admission of these youngsters. But what I am trying to stress is that we are not meeting enough of them, because we are losing half as many as the public schools. So, I am not apologizing. But we shouldn't lose that many. We are an Indian school.

Dr. Wirtz: You are facing some of the same problems that the public schools are facing with kids who are vocationally oriented, for example, who are forced to stay in an academic program. We have got the same kinds of problems.

Participant: Well, we have got to open more options. We have got to do that.

Dr. Wirtz: One of the notes I had here dealt with the whole problem of physical space for programs for the handicapped. I know this is always a problem. There have been some articles written on what physical space you need for the handicapped. And a lot of it is a fairly minor kind of change. Let's suppose, for example, that you may have--well, let's take the cripple for example. If you have got steps in your building and the child is on a pair of crutches or in a wheelchair, you might as well put a gate up in front and say, "I am sorry, you can't come in." This is a very minor kind of a thing to modify a building through the use of ramps. And I understand any building built with federal money, regardless whether they were built today--most of the States have this law, too--that you have to have the building equipped for physically handicapped, or cripples, particularly.

You know, little things like changing one of the stalls in the lavatories so that a child in a wheelchair can back himself up to the stool and get himself off. If you have got a booth with eight inches on either side of the stool, no wheelchair is going to go in there, believe me. And the result is, the child can't be independent. And we want them to be independent.

Now these are such minor kinds of things. And yet, they are the things that make it possible for a kid to stay in school.

Let's suppose that you have a visually limited child so that he literally can't see steps, for example. Take a strip of tape of

some sort, or some spongy material, and put it across the step so that when he steps on it he knows there is a step there ahead of him, and he can be alert. Or, putting some acoustic tile around on the side of a wall where there is a major turn. Because he will pick up the auditory clues, the hearing clues, so he knows to turn. I have watched, for example, in a gymnasium, a hundred kids roller skating, and they were all blind. You are saying that it is impossible. It was very simple. It was in a room about five times the size of this, and there was a wooden floor. And what they had done is, everytime a kid was supposed to make a turn, they had put a bunch of acoustic tile, and when he hit that he got different vibrations and he knew he was supposed to turn, and he went straight until he got another set of vibrations and turned again. And these kids were going around and around and around, and having a great time. It's a simple thing. And most of the building modifications we have to make for Special Education are, in essence, that simple. And many of the kids are excluded from regular classes purely because the door isn't wide enough to get a wheelchair in, or the steps are there or some other minor kind of a thing which can be modified. And a lot of this modification can be done with existing maintenance staff.

Of course, if you are building a new building, then you have a golden opportunity to build in some of these things, like getting a drinking fountain low enough so that a child in a wheelchair can get a drink. There are a whole series of these things. I did an article in the American Education Magazine--it is called: Something for the Special Child, and I went through each type of handicapped child and made some suggestions for doing modifications that could be made. This might serve as a resource for you, if you want to get into this sort of thing.

Dr. Lord: I have seen crippled children that couldn't go to high school because there were no elevators.

Dr. Wirtz: They built a six-million-dollar high school in Michigan. A beautiful new high-school building. It had little steps up here, and little nooks and crannies, and there wasn't an elevator in the whole building. It was three stories. I had ten kids who were supposed to go over there to high school, and we couldn't get them in. But that shouldn't be allowed to happen.

I do want to make a comment; the necessity of working with the parents and the kids both, prior to being placed in a special kind of a program, and during the time they are in the special program. This is absolutely essential. Let's take a crippled child, for example. It doesn't do any good to have a teacher and other people working with the child and developing a skill and have them able to use them in school, and know that they can use it, and then have the child going home and not expect the skill to be used. And you

know, many parents are overly protective particularly of handicapped children, and really don't expect the kinds of things that we might well expect of a child.

And I have seen--I am talking about crippled children again--who can walk very easily, maybe with crutches, and do what they call a nice four-point follow-through on crutches, and get home, and the parents not insist they do it, and the kid kind of shuffles along. We should be in harmony with what we are expecting the children to be able to do. Just from the physical side, from the academic side, the parents knowing what is going on in school and what they can be expecting of these children. And getting some feedback on how the children are reacting to the school program. This is a joint planning type of thing. Nobody knows those kids any better than the parents, in terms of what they are thinking. And so, why shouldn't we draw on that very intense knowledge, living with the children day after day, and do some joint planning? This is tough when you are in a boarding school, I realize, it is very tough to do.

Participant: I would like to make a comment. Speaking as a Board member, and as a Navajo, a handicapped Navajo kid for a long time got pushed into a little room. For a number of years the parents have been hiding these kids. And in some cases, they still do. So when you talk about handicapped, I imagine you are all talking on the level of the American society. But in the Navajos, it's either physically or mentally handicapped, he has also another handicap; that is being bilingual, and this is why I was bringing in the question. The vital--or the importance of training the Special Education teacher--how much it means to have a special trained teacher in that field.

Dr. Wirtz: That is a good point, though, and I think Board members have a real responsibility in this. And it is a matter of developing a communication with the Board. Giving them basic information, going on visitations to see other programs, doing some comparative kind of things.

And I don't know what the situation is in Indian schools at this point. But what I gather is that these Boards are becoming and will become more and more important. And I think, they should become more important. Because the schools, if you really believe in this country, the schools should reflect what the parents want the schools to be. And then you have to have input from the parents as to what the schools are. And the schools have been delegated, aside from BIA, from the federal government to the States and from the States to the locals. We have got some problems building up, aside from BIA on this, because since more and more of the money is coming from the State and the federal, and when money becomes controlled, and we are almost in a confrontation situation

nationally on this. Because in the big cities, particularly, people are wanting more control of the schools. So we have got to work in accommodating the local desires, to what the schools will be, with the danger of power and decision coming from the money side of the thing. We could get involved in a thing like the tail wagging.

TUESDAY, MARCH 2, 1971

AFTERNOON SESSION

Dr. Wirtz: It's time to get this afternoon session underway. I would like to introduce Mrs. Marian Barefoot, who is Director of Special Education for the Albuquerque Public Schools. She will be on the program a little later. I thought you might like to know she was here and get her involved in the discussion some way.

Dr. Lord: I tried to say this morning, all children have problems. We are dealing with those that have problems a little more severe.

It's our job, of course, to get them straightened around.

Now, this afternoon I am going to talk more about what I said this morning, because I was talking about what the teachers can do, what kind of specialities do they have, who can work with the children, how can they work with the children. This afternoon I want to talk more what I call administrative overlay; the administrative structure of how can you get structured to have these services.

Now I must admit, in the beginning, I do not have a model that's helpful to many of you. When you get into the rural areas and isolated areas, it's very difficult to get a model that's very helpful. But I have a number of these plans that are used by school districts, by counties, by States, and so forth, where they try to get organized in such a way they can deliver the services. So I am talking to you about administration delivery system; ways the administration can be organized so you would have the benefit of specialities and so forth, knowing full well it may not fit your particular situation. I don't think too much is going to fit your own situation. You are going to have to filter through, and come up with some worthwhile things that you firmly believe in and make a lot of progress that way.

I do not care to especially advertise California, it would be very hard for other States to really duplicate what California has done.

Now California knows that there are many children in smaller districts, relatively small districts, that simply don't get the services unless they have some kind of cooperative plan. They have a unique system there which is found in some other States, which we

will call cooperative programs. Now in the State of California it's mandatory that you give most of these services, and by that I mean the law requires that you give the services. So if you can't give them yourself, you have to go out and get it some place. So the law is a mandatory one where you have mandatory legislation and you need some kind of structure so these small districts--districts too small to do anything by themselves--can join together.

So it's a mandatory-type legislation; two or more districts can join together towards services. Very often each little district in a compact will have one special service. The blind in one community and the deaf in another and the mentally retarded in another. But the three districts together, you see, make a fairly complete program.

The sponsoring district usually gets the state aid. There are ways of financing this, so regardless of who is sponsoring the program or regardless who's getting the service, the districts that are involved always gets supporting finance, and they are not handicapped, financially. In larger districts you not only can establish larger cooperatives; you not only can establish these services, but you hire a supervisor, or part-time supervisor, and this becomes very effective.

We call that the cooperation between districts that are near enough together to cooperate and jointly plan services.

We will go one step further. In California, the county may provide the services. The county may provide the service for smaller districts that are not within these compacts. If you are large enough to have your own services, you have it. If you are large enough to have a compact, you can have a compact and have joint services. If you are not in a joint service, the county can help you by taking care of your services for you and the county establishes classes, the county hires teachers, and the county comes in as sort of an in-between agency in the smaller districts and provides the services for you.

The county can rent space, the county can build buildings, and so forth, and provide some kind of service for you, if you can't do it yourself because you are too small. The county receives some support, helps you support the program, and the county almost acts as a district, to receive support and give help to all these smaller districts that can't manage it for themselves. The county must have three or four rather large programs for trainable children because many of the smaller districts are not in the compacts. They don't have enough children for their own program, but they can join together and have a very effective program.

Now, again, I realize that may not quite fit where you are because of the population and mileage and open spaces and so forth. But you

get the idea, you get the spirit of it, and it's up to you now to look at your own resources and see where this might fit in.

I am very fond of the Illinois program. We call it joint agreement. And the Michigan program. It's conceived by a very genuine man who really tried to help the State of Illinois get some services. What he asked the legislature to do is to mandate a planning meeting. If this is still going -- and I assume it is -- every June or some time, the districts in a county must get together, by law, and they must have a meeting. It's mandated by law that they must have a meeting and, by law, they discuss whether they are going to get services to their handicapped children. They have to talk about it. The law requires they come together and talk about it.

Now the moment you come together and talk about it, the next thing follows is that you do something. But it's rather interesting. It mandates the meeting. Beyond that, it's up to you to try to get together and work out some joint agreements.

What I mean by joint agreements, they mean two or more districts, just agreeing between themselves to work up some kind of special program. "You offer this kind of program, I will offer this program. I need a half of a psychologist and you need a half of a psychologist. Between us we will have a whole psychologist, we hope." This sort of arrangement.

The services were -- and I guess they are still -- permissive. Do it if you want to. You have already discussed your needs and let's hope you will go on and do something about your needs.

Two or more districts get together. They draw up a plan: "We want to do this. We need one teacher of the MR. We want one psychologist, and we need one half-time sociologist," and so on. They describe what their needs are and simply plan what they have agreed on jointly. They submit that to the State and the State reviews the plan and the State reimburses them or supports their plan, if it's reasonable.

This is good, wholesome local planning. You determine your need, you determine what you want between you, and the districts get together, two or more districts. Maybe a whole county will get together and define your needs and come up with a list of services you want and, if that's adequate, "We will support you in it."

In this case, they give a portion of the teacher's salary, and the reason I like it is it's rather genuine, isn't it? You get together now and we will make you get together and you talk about your needs and come up with what you want. We will try to help you carry out your plans.

In the State of New York they have something of this sort. The Illinois plan relates to handicapped children and the New York plan, I think, relates to a variety of services.

A Board of Cooperative Educational Services, in the State of New York. I have had students who worked in this plan.

Now this Board deals with all kinds of special services that a single district may not care to provide alone. It will deal with regular supervisors, deals with mathematics teachers, and maybe one district needs a French teacher and another district needs the same teacher in the afternoon, and they go together and get a language teacher.

I think the Boards and school districts elect somebody for the General Cooperative Board, and the Board tries to see these special needs in a region or area are met.

The State that Dr. Wirtz is from has a very elaborate system of cooperative programs. It's probably the most elaborate State system on programs of any State in the union. I left the State now eighteen years ago and at that time they were just talking about these intermediate or county programs. Today every county in the State has a specialized program for handicapped children.

In the county that I lived in -- in Ann Arbor, you may know that the University of Michigan is in Ann Arbor; and Petoskey, eastern Michigan, where we both worked, that's the first department of Special Education in the country. When I left there seventeen years ago, there wasn't a single person in county office that had even had any interest in Special Education. If you went back there today I suspect you would find twenty or twenty-five people in the county in one capacity or another as itinerant teachers, supervisors serving the population. This is how the system grows when you get an administrative structure to work together.

In Michigan they call it intermediate districts and I understand they are beginning to move away from this somewhat. But this is the way it has worked. A district may be one or more counties. Most of these districts are single counties.

Now these intermediate districts may construct a building if they need to, or they can contract for space. They can provide supervision. They can build programs. They can even give programs, if the districts do not want to give them. You can have a specialist in the county office who might be working with deaf and blind children, for example. Highly specialized program. They could naturally give the service, or see that the service is provided in local districts and the money is properly channeled to that local program. They can pay for services that they want by buying those

services from the districts, or, I say, they can have their own program. That's a fantastic program in terms of getting services to children. I don't think there's a single State that has the coverage that the Michigan program has.

But if you went into the State of Iowa, they have them all by counties, several counties operating together through kind of a joint board or county board or educational council made up by chairmen of the county boards or county superintendents. Several counties can go together and decide they need a speech clinician. These counties can work out plans of jointly supporting this speech clinician.

Now a county in Iowa is fairly good-sized, and you talked about a fairly good-sized bit of territory; if you had three or four counties operating, you got a fairly large geographical area. Nevertheless, they have got programs where several counties will work together and they can pro-rate their costs and they can employ a supervisor if they need to.

Now I do not know whether you have any regional programs, county programs, or reservation-wide programs. I know that your geography is different and your population is very different. But many areas in the country have profited from these joint arrangements.

Now the newest thing on the horizon, of course, is regional services, regional service areas. Wisconsin has what they call the Cooperative Educational Services Agency. Nineteen service areas and they wiped out the county offices. This, I thought, was an amazing stroke of something, that you could wipe out the county offices, because they are fairly entrenched in our educational system. County offices were abolished, divided the state in nineteen regions. Now they didn't do this just for Special Education. Don't let me mislead you. They did it because they felt there were many, many kinds of services they must secure and there were many, many problems they must work together on, and they wanted a larger geographic unit to work on problems. The county is such an arbitrary unit, it's so limited in many ways. But, given a full region we have a large enough population and so forth, and they had some rather interesting requirements for these regions and I will go back to these Wisconsin regions in just a moment.

Now Texas has what they call the Texas Regional Education Service Centers. There are twenty of them. The State of Texas was perhaps a little larger, twenty service centers. Again, these service centers are not just for Special Education where you have the special services. Special Education is like a component and usually these regional centers can share personnel, such as special teachers, if they need to. They can do a lot of cooperative purchasing, which I am sure is very important, if you buy all your

paper towels at one time and supply all the schools in the region. They have all kinds of in-service workshops for teachers, you see, on a regional basis, and they can afford to bring in specialists and keep them three or four days and use them properly because they are serving a large population base. They can have their own materials centers and so forth. Their own instructional materials centers, and they get materials down where the teacher can use it. In no one district can you do that. A county can hardly do it, but a region can.

Now going back to Wisconsin for a minute, I thought Wisconsin had an interesting criteria for establishing these regions. I don't know what kind of criteria you could have. Try and get the Navajo Reservation all in one region. I think the Hopis are in the middle of the Navajo Reservation, aren't they? I don't know what kind of problems you would have.

Well, they didn't want more than twenty-five and I said, they wound up with nineteen, so they met that criteria.

The boundary lines may divide districts operating high schools and so forth. Agency teritory must be contiguous. We can understand that. They thought there shouldn't be more than sixty miles radius in this; sixty miles in Wisconsin is some little distance in mid-January. The size of the territory, you see, was governed.

They thought it should have at least twenty-five thousand pupils; gives you a nice operating base, doesn't it? If possible, they wanted an institution of higher learning within the region. What they are saying is this is the resource that the region must use and must hire their own training; hire their own services into this college and the college must tie into use. I don't know how far they got on that because after all, they had nineteen regions. Whether they can get nineteen regions, each one having a university, I would kind of doubt it, but it was a nice ambition, wasn't it?

Now, if you want to look at the State of Wisconsin, that's the way they divided it up. These northern regions are rather large.

Now there's a long administrative complex here. They have a way for regions to get together, elect the Boards for the region, and the Board elects a coordinator for the region; just one coordinator for each region. He's paid out of State funds. His job is secure. You sure can have a coordinator if you have a region and the local board, with the State picking him and he is paid out of the State funds and so forth.

It's a coordinator's responsibility in each region to help this whole region get the kind of services they want. He doesn't

provide these, he doesn't have a big staff. He doesn't hire the consultants to have the come out of his office. As I understand it, he assists the districts within the region to get together and hire consultants, because he is not a super-educational agency. He's the coordinator. He's the facilitator.

Now, again, don't be misled: I don't think these regions were created for Special Education. I am assuming they were created largely for other kinds of services. Maybe agricultural education, libraries, common purchasing and so forth. But, wherever you get a region like this, Special Education is usually one of the main concerns because so often you can't do these things alone. You need some kind of cooperative program in order to accomplish them.

Now I am very much aware that none of these models fit you very well. You are sparsely settled in the Far West. We still have to come up, I think, with a model that would fit in the Far West in the isolated areas. I don't know whether it's going to be television or traveling services or airplanes or what it is going to take. It's going to take something a little more than most of these programs embrace.

This afternoon I am trying to talk more about this overall administrative framework. Again, I think it's up to you people to somehow or other put together the elements that seem to fit your program.

Dr. Wirtz: I would like to, at this point, try to talk about a sequential development of services not from the program point of view, of what you are doing in the classroom, but from what is the simplest thing to begin to meet the needs of handicapped children and building on this, to find a very complex, what you might find in, the most highly sophisiticated areas. I would hope that you would be thinking how this kind of a structure can be implemented in your own area at the present time.

I would say that probably the simplest thing, in terms of a program that you can possibly have, is some regular class teachers with some interest, some aptitude, and some skills in working with handicapped kids. And, if that's all you have got, it's a hundred percent better than just some regular class teacher without that interest and skill. This is, as a plan, a systematic plug into those teachers.

Now, that's the simplest one. Obviously, it's not the answer for a lot of kind of kids, because if you get a severly handicapped child, they probably cannot be taken care of adequately in a regular class. But, believe me, I would rather have a regular class with a good sympathetic teacher than nothing at all.

I am talking about school principals or superintendents or Area Offices who have sympathy for, and will support, what's going on in these regular classes. You may have a teacher that goes to a summer workshop, and learns something. And they try and they can't get support from the principal; or, the principal can't get support from his superintendent or Area Office, whatever it might be. It doesn't do a lot of good to plug it in at this level unless you are involved in this kind of a program.

So I would say, here, again, the next most complex administrative plan would be regular class teachers with principals and Area Office people who are supportive of the operation.

In our adding-on now the next piece on this thing, the need for residential facilities. How many kids from BIA schools go to State residential facilities? Does anybody have any figures?

Participant: You mean like a colony?

Dr. Wirtz: The school for the deaf, or school for the blind, or an institution for the retarded, or something of that nature.

Participant: We have about fifty altogether.

Dr. Wirtz: Navajo?

Participant: About thirty-four is more correct.

Dr. Wirtz: It's enough to illustrate the point that if you are talking about an overall plan for handicapped kids, this has to be plugged into the plan, because if you are going to staff a child, maybe the only place that the kids can get an adequate program is at a State residential facility. That's where he ought to be. That's part of the total, continual educational services that are available.

So, here again, in a lot of places this is the only resource we have for some blind kids, for some deaf kids, for some mentally retarded, so that has to be plugged into the thing.

Now add the next piece, which I, for lack of a better term, I call them specially trained helping teachers. These are the kinds of itinerant staff that Dr. Lord was talking about this morning, and I hesitated to put a label on because sometimes the term "helping teacher" is more acceptable to a regular classroom teacher than somebody with a fancy title. We have to worry about those things. They are not so much of a threat when they come in.

But these are the kinds of people that will come in and work with regular class teachers, work with children, and so on.

The next thing I would add (before I add special classes) would be some of these kinds of people who move around and work with other teachers.

Next, I would add on these specially trained teachers. These are the people who are trained in the specific areas of handicapped children, and I haven't specified whether or not they are going to be resource rooms, such as we talked about this morning, or special classes. It might be both ways. But, this, to me, in terms of the pecking order would be a lower priority for adding staff than these itinerant kinds of people.

Then, if I were going to add a next pie ., I would want somebody to coordinate the various efforts. Now they may operate--if you are large enough, they may operate out of a superintendent's office, which I guess gets plugged in here somewhere.

If, however, you are a large enough school district, of course, you can get that coordinator plugged in at this level. If it's a smaller operation you might want to plug it in at an Area level to cover a much wider range. You were talking about the problems of rural areas and the need for geographic pulling together or using a wider geographic area, and it might be appropriate to plug it in at an Area Office.

But, someone who can make sure that there are these people in the right spots, can give them the support they need, and make sure they have access to new materials and all this kind of thing.

I guess the next piece I would add would be what I call the ancillary personnel. Now, you know, if this person is broadly trained, he can do some of the things that either the psychologist or the social worker might do. But, as you get larger, he becomes generalized, and you hire specialists to do these kind of jobs.

Now these ancillary personnel I talk about are necessary for doing those particular things. They also work in the schools. That's aside from just evaluation. They provide a direct service to the teachers. They are available on call from teachers.

The next piece I would add is what I have called, I guess, specialist-supervisor. These might be supervisors just of the program for mentally retarded or just of the program for speech therapy, or whatever else it might be.

But, as I say, you have got to be a fairly sophisticated, fairly good-sized operation to support all these kinds of people.

Now the last piece I would add would be the thing I was talking about this morning, "the educational diagnostic prescription clinic,"

operating again either out of the superintendent's office or Area Office. But they would pull together, as you see, and the coordinators, the ancillary personnel, the specialist supervisor, and all the teacher staff, and this is the one that writes the prescription. When you got all those pieces, then you have what I would call the complete organizational structure for school services for handicapped kids.

Participant: That last square you put in, is that the university?

Dr. Wirtz: Yes. You might contract for some of this, but I wouldn't want to eliminate having these other people involved in it. But, there may be expertise at a university, sure. In fact, the psychologist might be a person who is full-time that you contract for a part of his time, for example. Various school districts can hire a medical doctor on a part-time basis. He might be operating out of a university hospital.

This is probably the cheapest way you can buy some of these services. But, what I would avoid would be having this type of thing operate as an isolated unit, apart from the schools themselves. I think it has to be under the control of the school, with school people involved, because the input that you want in making placements on children, can be ignored if they operate independently.

Participant: In terms of numbers, do you have a number of students to be served, total population? Do you have a staffing pattern like, one coordinator for five thousand children, or one psychologist for two thousand? Do you have a recommended staffing pattern? That's for any kind of special services.

Dr. Wirtz: Michigan has an interesting thing in their regulations. They will reimburse the school district, for example, for one school psychologist for every two thousand students, or one social worker for every two thousand students. These are regular class studies. A percentage of handicapped coming out of that will warrant having that particular person.

Participant: To what extent will they reimburse you?

Dr. Wirtz: They are reimbursing the local districts $8,100 if they meet that particular criteria. But, they haven't got enough to pay off in that. They are paying off about sixty percent this year.

Participant: One of the States that's done a lot of research in this is Texas, and it's come up with a State plan that was just passed by the legislature, so it is legislated as a State plan and it has a lot of mechanical formulas in it. In other words, for every ten Special Education teachers, there must be a Supervisor. For every seventy Supervisors, there must be an Educational

Coordinator. Each local district must organize into a cooperative board with a minimum base of three thousand kids. If you want some place to look for a mechanical system, this is one. Just by writing the State Department of Education you can get a copy of it.

Dr. Wirtz: I think it's important to know this. The best legislation we have, and the best regulations, are those that give the schools the greatest freedom to function with the needs of the local school. When I see laws, for example, that say, "to be eligible for a class for mentally retarded you have got to be between fifty and seventy-five I.Q., and if you have seventy-six you are out, if you have forty-five you are out," this tells me one thing: The professionals who are working in that area don't do their job very well. They did so many things that were in violation of good education that somebody blew the whistle on them. The States that are probably becoming more creative in their programs are those that are eliminating the formula mechanism kind of thing. But, as you develop competent people in these slots, then I think we ought to give them the right to operate professionally on the best information.

It takes a long time to change a law, and it's almost as bad to change a regulation. Some of you have struggled with changes in regulation. Once you get it in, it's like blinders. Then, when a new research project comes out that shows maybe something ought to be changed, then you have to struggle to change the regulation. But, if you filled it in so it is flexible, initially, and rely on the expertise of the people, you have a better chance of running the program.

Participant: I wanted to ask the BIA a question, and the Civil Service regulation and the manual: Is there a flexibility enough to work something of this nature?

Participant: I think so. The limitations that you run into go back to what we were talking about this morning in terms of how many folds can you get in a blanket in terms of funds. The thing I like about this is the sequential development.

You said if you could only do this, do this. And, go as far as you can. But as far as the legislature aspects, it is wide open for this, within fund limitations.

Participant: I don't quite understand the order that you built that up. To me it would look like evaluation and prescription clinic should come first, or at least simultaneously with any of the others.

Dr. Wirtz: I would assume that if you are plugging in at this level, for example, you will then probably have to contract for some of these other kinds of services. You obviously don't put a child in a

spot over here without having some sort of diagnosis of him. You may not develop the clinic, itself, as an integral part of our own operation at that point. I think that comes fairly late, because this is an expensive operation.

Participant: So you were suggesting that up until such point as you have such a large operation that you can actually fund your own diagnostic clinic, that it should actually be contracted?

Dr. Wirtz: I want to contract. No, I am not suggesting you do without it. That is a very good point.

Participant: Sort of looks like you were going to start out with the specially trained teachers. It looks like that's sort of backwards.

Dr. Wirtz: When I put this clinic together, I have dotted lines continuing to all of these things, and each of these has a hand in the diagnosis.

Dr. Lord: Also, I think diagnosis is inherent in the way we think. I told you this morning that Special Education begins with a problem. We have to find the problem. This is the way we think, you know. Some of this diagnosis by the teacher and by resource help and part-time psychologists and so forth, so that diagnosis is involved all the way along. We are talking here about a level of sophistication, you see? It's where you are concentrating a lot of diagnostic resources together.

You always begin with a diagnosis and work from that. It may not be adequate, but at least you begin with a diagnosis.

Dr. Wirtz: This attitude, though, this thing that I am trying to emphasize here, I can't emphasize it too much; at whatever level we are talking about. Samuel Laycock developed a description of attitude toward handicapped people, and he had essentially three levels: The first level was what I would call an outright rejection of handicapped people. This is the kind of reaction you get if you see a severe cerebral palsied person coming down the street. I have seen people go across the street so they don't have to walk next to them. It really makes them creepy to be near handicapped people.

Blind people affect some people this way. This is not really an acceptance.

The second level that Dr. Laycock talked about was what I would call almost a superficial acceptance. It's a kind of acceptance that you get when you make a pitch for funds, for example. You know, they want some money for muscular dystrophy or something for United Fund or somebody is passing the hat. Chances are I can get everyone of

you to put in a dollar for handicapped kids. Not doing it is like being against motherhood and the flag. But that's a very superficial type of acceptance. But, probably ninety percent of the United States is at that level. This is easy enough to see. We ought to do something for handicapped kids, but when we give them an education and spend the money for it, well, will you give them a job? Will you assist them in all these kinds of things? Get them down where the hair is short and that's a different story.

The third level is what I would call a complete emotional acceptance of handicapped people. They are accepted because they are people. They have the same needs, the same aspirations, and they want to be like other people. There is such a thing that we sometimes say we ought to make handicapped people normal: It's impossible. We can make good handicapped people and we may make them lousy normal people. But, this idea is what we ought to be aiming at and this is where I think most of us professionals try to influence people to get a little closer away from the complete acceptance of the school toward intellectual and emotional acceptance of people and where I am interested in the "think attitude" at all levels. It doesn't happen overnight. You keep plugging away.

Participant: Do you have anything, any idea of sympathy and empathy? Couldn't you say that some teachers have too much sympathy for the handicapped?

Dr. Wirtz: Yes. I don't want sympathy. The Lord knows that would kill them off quicker than anything else. We had a residential school for handicapped kids and you had to fight the Clubs off. Everyone wanted to come in and give them a party or do something for these "poor handicapped kids." One night I overheard, they were planning to take the kids to the circus. Two of the boys (they were about eleven) were talking. One was saying to the other one: "You going to take any spending money?"

"No. They buy everything for us."

At that point I wanted to tell that Club, "Don't buy them anything. They have to learn, when they want something, that they are going to have to pay for it." Because we do these kinds of things until they are young adults and suddenly we throw them out in the world, and nobody gives a damn about them.

I think of another girl, she was a sixteen-year old cerebral palsy girl, and we went down to a local store to buy some material. One of the teachers was working with her, and she was pretty severely involved. The man who was running the store refused to take any money. He wanted to make a contribution. So the teacher called me. She said: "What should I do?" I said at this point, "Let it go. Bring it back."

So I went down to the store to see him, and I said, "Now, look, when I send somebody down here to buy, for crying out loud, take her money because she's sixteen, you know. And next year she's going to be out living an independent life, we hope, and nobody is going to give her anything at that point." I said, "If you want to do something, take her money and give it back to me and we will put it in a slush fund and use it for something else for the school." This is the kids themselves that have to learn that they are going to be independent, and you don't do it with sympathy, but empathy, yes, understanding their problems; but, sympathy, no.

Participant: The BIA is so structured that people in these echelons are worried about authority and maybe this thing that you have on there would work because--

Dr. Wirtz: Well, isn't that partly what this meeting is aout?

Participant: Yes, it is.

Dr. Wirtz: I am hoping that I am making a little bit of a dent somewhere along the line.

Participant: As guinea pigs, look at this structure and regardless of how flexible the program, we seem to illuminate the problem. But this structure exists and it's hard to close anything because they are afraid of authority.

Dr. Wirtz: I am not naive enough to assume that everything is going to change overnight. It isn't. I figure if I can save five percent of the world, then I have made my contribution. That's why I am interested in this attitude thing, again. Because the sheer fact that the principal is willing to listen to somebody who's got an idea, and support him. He doesn't have to do it but if he can at least support somebody with an idea, that's all it takes to get the thing started.

Most of these good programs have been started by creative, interested, hard-driving kinds of people who are working with kids, and all they need is someone to hold their hands once in a while. Thank you.

We are privileged this afternoon to have with us Dr. Marian Barefoot, who, as I indicated earlier, is director of Special Education for the Albuquerque schools. She's going to brief us on what we are going to be seeing tomorrow and give us some more information. I will turn it over to you.

Dr. Barefoot: You won't be in any doubt about what I am going to talk about: It's Special Education. But when you say a child is in Special Education or needs Special Education, that doesn't really tell you anything.

To a great many people, Special Education means "mentally retarded." Many times they find out a child was in Special Education and this is immediately what they think: "He must be a retarded child."

But we are many, many years beyond that now.

Special Education is different in different States, in different cities, and different systems and different schools inside of a system; even between classrooms in the same school setup. It isn't the same anywhere. Some places it includes the gifted. In our State, it cannot include the gifted because we are given no funding for the gifted program. But, being different is being special and we use the words "special child" much more than we do any other term, and an exceptional child can be anywhere from a low trainable to an emotionally disturbed, to highly gifted: All the deviations from just an ordinary normal child, if there is such a person, because there is none. There has to be a variation to come up with the normal child.

Now we don't pretend that we can help every child that has difficulty in learning. But, we do try very hard within the existing laws in our State to help as many as we can with the current funding we have, with the staff that we have, and the time that we have. Special Education cannot be hurriedly done from the beginning to the end.

From the referring by the teacher or the parent, clear down through all the different people who contribute to it, to what the teacher does in the classroom, it involves time.

Now to give you an idea how big an operation I am talking about, there are a hundred and thirty-eight people working full-time in Special Education here. We have a total school population of eighty-three thousand children, and that is not very many people. In the EMH, which means "educationally mentally handicapped," there are twenty-six special education teachers in elementary schools. There are seventeen in junior high and middle schools and there's a little variation here because we are trying some experimental arrangements and grouping of grades and some of our junior high schools are seven, eight, nine, and some are six, seven, and eight. The plan is to be only seventh and eighth, so we have Special Education in sixth, seventh, and eighth in the junior highs and some in the seventh, eighth, and ninth junior highs.

In the senior high level, in the nine high schools there are six persons who work in Special Education. Next year there will be seven. If we get enough funding to be able to put it in, the seventh one would be there, and two of those are four-year high schools and they have a separate ninth grade. We aim at

pre-vocational work in the three years of high school. It's all vocationally oriented and we will talk later about how they organize and teach those classes.

Then we have the trainable mentally retarded. I don't like to use that term at all. Thankfully, our State does have an IQ in it, but the trainable are a lot lower than the educable, although the line is very shaky. But here we have ten persons in a special separate school called Buena Vista Center.

Now the next one you will find is home-bound service, which is our very oldest service. When I first came here there wasn't anything but the home-bound service and a class at the juvenile county detention home. There's all the Special Education there was.

That's for students with physical or emotional disabilities, not for mental retardation in any shape or description. A child may be mentally retarded and be in it, but he has to have a physical or emotional handicap. Besides that, it says he can't go to school and there are eight teachers there and the resource rooms are new this year.

There are ten resource rooms in elementary schools and we tried one in junior high. We hadn't heard of one in a junior high and we wanted to try it and find out how it worked. The ten in elementary, we think, are very successful. In fact, we think every elementary school should have one.

Then we have six teachers working in learning facilities. Four are learning specialists who take children from the regular classroom for whatever length of time they seem to need to diagnose not just their abilities and disabilities, but also to fit materials and equipment to that child's needs. When they think they have them on the right track they send them back to the regular classroom with his materials and equipment.

We have two of those. Needless to say, they are federally financed because they don't have ADM (average daily attendance). We have three for hearing, all secondary level. We provide a speech clinician for them.

Last year we provided a tutor, also, but it didn't seem to work out very successfully and we weren't sure it was worth the money we spent.

Socially maladjusted (which means the delinquent, pre-delinquent, truant children who are really in social trouble) we only have four classes in a separate school. The school is called Esperanza. We are thinking of changing the name because a small private school in town has taken the name of Esperanza and people are confusing our sometimes very bright, delinquent child, with a very low trainable child.

We range from administrative to supervisory to evaluation to consultant: You name it, we do it. Except I never get into the supervisory consultant any more. But we have; we are divided into three areas now, and each with its own superintendent and its own separate staff.

There are six area coordinators of Special Education: Two in each area and they have very definite duties, too.

We have one principal of the Esperanza School on arrangements with the other trainables. We have one supervisor of the center for trainables, and we have one consultant, who is a liaison consultant between trainable and educable. Many of you will recognize this as a new idea because it's difficult, on the borderline, to know whether a child is. And after six months of working with him you may find your original diagnosis was totally wrong.

We have one full-time counselor at Esperanza. We have one full-time nurse at the Center and eleven special comm'ssions, which is far too few, and eight of those are federally fi..anced. Seven are U.N.M. interns in the Centers in our school. We work rather closely with the university. There are seven or eight classrooms and we draw in ADM money on them, but the university has put graduate students as interns working in certain rooms with Special Education children.

The total staff, then, is a hundred and fifteen teachers, eleven specialists, and twelve others.

Of that hundred and fifteen, six are federally financed and the eight speech.

I want to go back and talk about how a child gets in special education. You probably call it the same thing I do: A referral system. That referral ordinarily comes from a classroom teacher who has found out that a child cannot do the work that is offered in a regular school. Now frequently at age six and seven, it comes from a parent. But many parents, especially of the high educable handicapped, are totally unaware that their child has a handicap until he starts to school and all the other children can do things he can't do.

After the end of six months they still are doing much more advanced things. We almost never take a first grader (six years old) into an EMH class. It's too hard to know when a child is six years old whether he's a little slow in developing. We would prefer he stay in first grade with all the help he can get. And, in a second grade, come into Special Education. If, at the end of a year with a regular classroom teacher he still shows signs and is tested and evaluated as being EMH, we will put him in then and that particular

service. We feel a great deal of care needs to be taken.

Now, there are a lot of different kinds of evaluation that go on. Usually for the trainable mentally handicapped child, the parents know it and often a preliminary evaluation has already gone on in some clinic or some psychologist some place else where the parents have gone for help. Sometimes what he gets from his family doctor was good and sometimes it isn't. It depends on how well-trained that family doctor is in recognizing both handicapped children and working with the parent of a handicapped child because, frequently, our older pediatricians did not have any training in this. Our modern pediatricians, thankfully, I found out from the medical school, are getting training and working with the parents of handicapped children and particularly the retarded child, the educable.

Now, there is a sort of committee that functions, but frequently it doesn't meet at the same time. Buth for the trainable and for the educable. We have to have the referral from the teacher, which authmatically carries the original teacher's approval, if any.

We have to have the approval of the principal of the school. If the child has been in school (and all the educable have) the principal has to approve that he agrees with the teacher's diagnosis. Then it goes to an Area Coordinator, who goes out and evaluates that child and gets a narrative, and a technique report from the classroom teacher as to why she thinks this child may be retarded. They contact the child's school nurse about the health records and what we know about him and all that: His hearing tests, his vision tests, and all these things are collected. Then they come back and the two coordinators consult with each other.

Now up until the last two years I was involved in every elementary child. But now it's under the area. We are just too big for it all to go through one central office any more. But we have to have the approval of these other people first. Then we go back and get the parents' consent. We have not yet forced a child into a Special Education class. It hasn't been necessary for this reason; we have all the children that we can finance without forcing a parent to put a child in.

When you get in the area of the emotionally disturbed, you have a totally different sort of problem to work out and we do give an intelligence test here, but we don't think it's very valid. We want to know where that child is functioning. It gives us insight into some of these failures because, usually, he is failing in school.

We do a workup that involves a variety of tests. It nearly always involves what we call the Bender-Gestalt, apperception, draw

picture, man, tree, and how-I-feel sort of a questionnaire.

Then there's another questionnaire or two that we were using--we used some academic tests. If he has had the school's SWEEP academic tests, we get those scores. One of the Area Coordinators does a complete workup on all of this with a narrative anecdote from the teacher and if there's a school counselor from the school--now most of our elementary schools except Title I schools don't have school counselors--we wish they all did, it would be simpler--everything we can find out we put together and it has to be well done or we wish we had.

One day a week we have a consulting psychiatrist. We have had him for twelve years, ever since I have been in the administrative end of Special Education. He passes on these. If he does not feel convinced--and frequently he doesn't--he sees the child and parents. Every child that goes in an emotionally disturbed class must have psychiatric approval. You would be surprised at the occasional parent who thinks it's a status symbol to have an emotionally disturbed child. This is difficult to believe, but it happens. We have had six-year-olds who have been brought to us and the parents referring him as emotionally disturbed before he ever starts to school. After we examine the child we think we have a spoiled brat on our hands and we say, "Try it in the first grade and if he can't make it, then come back to us." Do you know, we have never heard from any more of those again. They make it in the first grade. Nobody but the parent thinks they are disturbed. I would rather a teacher told me he was disturbed. You have to see him in a group before you really know.

Now some children are so disturbed they never try to come to public schools and we take care of that. Some of them are sent to private schools.

The hearing handicapped must have a recommendation from the physician-specialist in hearing disorders and sometimes you call those otologists and sometimes they are called audiologists. But, he has to be a medical specialist saying this child has a hearing handicap severe enough that he cannot profit from the regular classroom sufficiently and that needs to be in the special class for hearing handicapped. Those classes have central amplification: Very powerful custom built, in the classrooms. We also have wireless where there's a unit that the teacher wears and the child wears one that they can take to a regular classroom and associate in a regular classroom and still hear, and many children who have never heard, hear for the first time on our amplification equipment.

The physically handicapped is a tremendously expensive service. If you stop and look at the physically handicapped, they would extend from first grade through the twelfth grade. There must be an aide

in the class because these children have to have individual physical attention as well as individual curricular attention. That is a special class; it must be.

Now the learning disabilities are given many varieties of tests, and our different evaluation people use different ones. We frequently start out with a simple test to find out the reading level in relation to their intelligence level. One of our guidelines is that if a child is achieving far below what his intelligence level shows him to be, he is a possible learning disability child. We don't take a child that doesn't score around eighty to ninety on some tests in those classes--we don't want EMR children in those classes. That doesn't mean that their whole list, the Wechsler intelligence scale for children, will come out eighty, but suppose his performance in a hundred and five and his verbal is down to sixty, or vice versa: He is going to have a low score, but there's potential or he wouldn't have scored. We have to have something to show as a potential before we put them in there. Needless to say, we have a long, long waiting list of children whose parents want them in, who are not succeeding in regular school, are not mentally retarded or physically handicapped, and usually wind up emotionally disturbed eventually if they don't get some help.

There are select sections of those tests that are appropriate. They give them some of Kephart's motor coordination motor perception. But before we get through we know the works, and that's important. We cannot place them all. One area has seventy-seven children on a waiting list right now.

The home-bound have to have a physician's signed statement that this child cannot go to school and why. He has to be out as long as five weeks from the time we get that statement, because it takes a couple of weeks to set up a good home-bound program. He can have an emotional disability, such as a school phobia, and we have quite a few of those, and that must be a psychiatrist's recommendation. We don't intend to do home-bound service because some mother doesn't want to get her child up and get him to school every day. He has to have a disability. Many, many parents don't want to clean up their house, and so they don't want home-bound, either. We have difficulties there.

This year our most prevalent is accidents: Motor scooter accidents, bicycle accidents, automobile accidents. We had one teacher the first semester had eleven children and every one had a broken leg or broken arm. This is the first year it was quite this bad and I would guess our second highest is emotional.

Now Esperanza is a different thing. Esperanza is the children who are socially maladjusted. We have a placement committee--I am the chairman of it--and a coordinator of guidance in the whole system

is on it. The director of special services, who is our guidance and nursing and Special Education is on it. The consulting psychiatrist is on it and the principal of Esperanza School, who knows whether they have room for a certain type level and so on of that child, is on it. We meet once a week and we pass individually on every single child that goes in. We have a waiting list now. We hope to add another teacher next year, and maybe two, but we don't have near enough room.

Needless to say, Special Education costs money. One of the big reasons is the size of the classes. Our State legally limits it to five to fifteen children. We find twelve children reasonably normal for an elementary retarded class. It's too much for trainables. They should not be more than ten. It's far too many for emotionally disturbed and disabled. If we get up to ten emotionally disturbed children in a classroom, we have traouble. We know we need about eight.

This means that our money comes usually on units of twelve, which cuts the money. I could estimate from my own experience in ten years of this that it does cost around twelve hundred dollars, on an average, per child, and that doesn't count transportation. Supposedly transportation is under different funding from anything else, but we never have enough in Special Education. Practically every federal project I write, I put in something for transportation. One thing that you might like my opinion on, if it's worth anything, is what kind of teacher do you put in Special Education? As I was saying to a gentleman just before we started, sometimes this is the person who started out in the first place to be a Special Education teacher and got their training there. Frequently it is a successful teacher, preferably elementary, but we can have some secondary, who has become interested in specialties, special difficulties and disabilities and goes back and gets the training. You can't say that either one is the best. Sometimes your very best teacher taught twenty years in the regular classroom, or ten, or fifteen. Sometimes one of your best teachers will be a person who has never taught a regular classroom.

I really would like for them all to have at least one year with normal children so they could understand a little more about what "normal" is about. You can study the textbooks all you want to, but you don't understand children until you have dealt with them. That textbook child is not always a reality. They may learn something that they can apply to children later, but I would like for them to know a normal child at some point.

Now you may not agree on the order I have these in, and I don't agree with all of it. But, number one, for me, is stability. No matter what other attributes the teacher may have, she can't be an unstable person in a classroom or dealing with youth or other

people. It's very difficult to produce good teaching with an unstable person.

Number two has been mentioned here today, and that's "acceptance of all children," no matter what is wrong, no matter what their disability, no matter what their color, no matter whether they are green, purple, or polkadot. No matter what their parentage, no matter what their religion, no matter what they are. If a teacher cannot accept all, she does not belong in Special Education.

Now I would say, some training. A teacher has to know a little about teaching and has to have, in my mind, preferably some specialized training. But, it may be given later, and sometimes you have a natural. We have one this year. We have a young man teaching an emotionally disturbed class, and if he isn't natural, I never saw one. He relates to teachers, parents, the rest of us, doctors, physicians, psychiatrists--you name it and he handles his children. We do require in New Mexico, for all teaching certificates in Special Education, twenty-four hours teaching minorities. It might overlap with your other teaching certificates.

We do have a temporary certificate only for successful teachers. If a person comes directly out of college, they can't get a temporary. They are supposed to have had successful teaching before they can get a temporary. Every year, then, they have to take at least two courses, which is approximately six hours, until they are through. It isn't such an onerous thing.

Number four, I would put warmth. If you can't be warm to children, it would be very hard to work with them. Now warmth and the next one are not the same thing and I hesitate to put one above the other, but I believe warmth would come first. A warm personality toward children.

Number five is humor. You better have a sense of humor if you are going to work with these children. You better be able to see the funny side of everything and teach them to see the funny side of something. Their idea of humor, if they are retarded, is not going to be the same as other children. But you better understand it and know something about it. That's the saving grace of a Special Education teacher: the ability to look on some parts of her work with humor.

I think it takes a good deal of physical stamina to work with Special Education children, and many of our teachers work on their physical condition in order to be able to stand the rigors of working with the children with handicaps all day long. Of course, it takes it for all teaching, anyway. When you might have a very varied teaching skill, you may get a classroom of children all ten years old, all with an I.Q. that looks about alike, and you have ten different

levels of children to work with. You must have a variety of skills to work with these different people.

The next one is "the ability to individualize." Even if you are working about the same level, to individualize with the child's needs by his interests, by the way he learns best: If he learns best with his eyes, teach him with his eyes. Work on his ears at the same time. But you have to be able to individualize everything.

Now number nine. You may feel that automatically teachers do, but they don't, and that's the ability to work with parents and other agencies. I think there are a good many teachers who are fine with children, and you bring the parents in and they get upset and they don't know how to deal with the parents and they don't know how to tell them the Special Education needs. The Special Education teacher must work with parents and you can't teach a child in a few hours that he's in school to deal with a life that has problems in it and that child has to accept his problem and live with it. So you have to be able to work with his parents.

Now the last one is definitely not last: It is the one that is interwoven in all the others, and that's interest and aptitude. You won't do any of these things if you are not interested in it, and if you are not interested in it, somebody is going to find it out. If you don't find it out, somebody else will. But interest and aptitude for this work rings very big, and yet when I try to pin down the individual things, it just runs through all.

Now that's my idea of what you must be to be a Special Education teacher. It sounds pretty rough, maybe, but it's not.

I mentioned that we had to be specialized and we have six coordinators. Now they do the evaluation for the classes.

When I first came here, we had four full-time psychologists. We don't have a one now. But we have trained people to work in this area. But we are asking again. We are comparing our system with others our size who do have up to twelve psychologists for a system. We know that we need them. They place in the classes and that's a very serious thing, to place a child in a certain Special Education class, having to keep in mind that you might make a mistake and be sure you know everything. They are supposedly supervising those classes and they don't have near enough time for it.

Books and materials for visually handicapped. We are thinking of special classes here, but they are so scattered on so many different levels I am not sure what we are going to do. But we do buy the books and materials for them to use in their regular classrooms.

Now I want to talk about the resource room concept. We think this is the coming thing and the most interesting thing in special education. We are not at all sure that the child with the disability of any kind should be totally separated from normal children all of the time.

Now we realize most of the trainable must be. They have great difficulties in getting along in a regular classroom. Our resource room concept accepts the idea that we have to limit it to fifteen children because of our State law, but we think a good enough diagnostic teacher could probably accept more, and about a third of them will be high educable retardants who are not really low enough to go in a segregated class. They can be with other boys and girls when they are out of school and they will not be retarded and nobody will think of them. About a third of them will be emotionally disabled, about a third of them with varying disabilities and the teacher will never work with them all at once. She will take groups of three to five and keep them varying lengths of time. It might be thirty for some children and might be three hours for some other child. On the average I would say two hours a day. Then she sends them back to the regular classroom and takes another group of children. At the end of the year she may end up with fifteen entirely different children than she started with. She may run into one or two very difficult problems that it takes a whole year to figure out, and maybe another year. But we want it very flexible so they can meet the needs of probably five percent of our school population.

We really feel that every elementary school ought to have a place for special diagnostic teaching for that child that drives the regular teacher up the wall. Somebody with them and a small enough group to study what is his learning problem, what is his behavioral problem, what is that all about and what is causing this? Then that resource room teacher has another responsibility that is to talk to that regular teacher and go into the classroom when necessary and help the regular teacher know what it is that needs to be done and to help that child get along in regular class. The complete goal is to get him in regular classes.

Now that's definitely not the goal, but the goal there is to get him going to regular school successfully.

Now nobody would say that the goal for trainable mentally retarded children is to get them to be normal. They aren't going to be. Their intelligence was stunted before birth, at birth, after birth. By many, many, many causes. Sometimes, even most frequent cases, nobody ever know the cause, but many of them we do know. The most common is the Mongoloid child. But don't let anybody tell you that every Mongoloid is trainable, because I have taught some that were higher. Now the educable mentally retarded is a totally

different person. He's a child, if sufficiently well trained, who could take care of himself independently in the world. If he is not trained, he will not be able to take care of himself in the world. He will be a dependent, just like the trainable.

Now, with the trainable, we hope to make him a more livable person, so wherever he is, whether it's in his home, in an institution, and hopefully we hope little community centers for these children, that he will be able to go along and contribute. He can be in a sheltered workshop and be able to do something. But that's not the goal with the educable. The goal here is to get him so he can hold some kind of a job, and when he gets to senior high school, if he ever graduates, he will have held a job in the tenth grade. He will go to school half-time and work on a job or in a training center like this job training we are trying to set up for half his time and he will get regular high school credits. Three academic, two in work, and the senior year the same thing. The senior year, full-time, and he earns five credits. But he has to work nine hundred hours of paid labor, paid work, to get those five credits, and he gets a regular high school diploma like anybody else. He's earned it because he's put in a hundred and eighty hours of work for each work credit, and he has six academic credits.

Now our principals do have the privilege, when they find unusual circumstances, of swapping credits back and forth. We think this has to be done to individualize the whole thing.

We feel the resource room concept is really more advanced than the learning disability concept and it will help more children. But there will be learning disability children in it, but we still feel some children have learning disabilities so severe they will need a special class all the time. There would be some, but their percentage would not be lower.

I agreed with the person who said you have to have diagnostic facilities before you have these services. Definitely, you do, but why diagnose if you don't have any service to put them in? You have to have both, and they have been--they have to be practically simultaneous.

I put some of my women who are in this, and some men we have, up against most of the licensed psychologists in town to do an educational diagnosis. When they are looking at educational implications, a child's intelligence, they know more than a person who has not had relationship in public schools, but who has taken a psychology class.

There are multiple handicapped, of course, and we don't have a class for that. There is now a small center in town developing a class for the deaf-blind, which is an area all in its own, but it takes a

very skilled person to teach it and there's a federal act passed for the deaf-blind and they have received a grant for it and have a trained teacher working with them.

Participant: Would you discuss the use of behavioral modification techniques in your program?

Dr. Barefoot: We use this in the emotionally disturbed classes, I suspect, more than any, particularly in the central form such as just the work systems, and this sort of thing. It varies with teachers and their sophistication in using the area of education, but we do have teachers in all--and all the different ones have used variations of them. Now so far as the teaching machines, we do not find them successful with our handicapped children, but I don't know that it's the fault of the theory or the machine itself. It's the fault of the program and how it's written. But behavior modification is something like a computer: It's as good or as bad as the plan that goes into it and the way it's organized. The teaching machine is utterly no good to you if it doesn't have a good program in it. If the program doesn't fit the child, or whatever you have done.

Participant: On transportation, just touch that briefly. Do you have special buses and special people on the buses to assist the driver on these?

Dr. Barefoot: No, we don't have anyone on the bus but the driver. We can't afford a special person. We should have. Now our older Special Education children riding the regular school buses, with two exceptions, two special classes draw from such a wide group of districts that we have Special Education buses. They are station wagons, painted yellow with the signs on them. All Special Education children under junior high, unless they live in the district where the school is, the class is, have transportation.

I think our drivers are paid nineteen cents a mile from home and back. But some places we have to have transportation at noon.

Dr. Eisenbach: Dr. Barefoot, we thank you very, very much. I couldn't help but think as I sat and I listened and I watched the expressions on your faces, I think you have been challenged to an entirely different concept, maybe of education, than some of you have thought about and maybe if you have--maybe tomorrow you will have a better opportunity to further that perception that you had described here.

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SESSION III SPEAKERS

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MR. BOB BARTHOLOMEW
INTERMOUNTAIN SCHOOL

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Dr. Wirtz: I am going to spend some time this morning on trying to wrap up on some of the administrative concerns I have. And then Dr. Eisenbach is going to pick up and get some reaction from yesterday's sessions.

I would hope that everyone would leave this week with some better notion of how you might plan to put together an administrative package to serve handicapped children. I know many schools in many areas have programs for handicapped kids, but this is a qualtative kind of thing and I think we ought to be thinking in terms of updating and expanding.

There is no single model which is appropriate for all schools. I think the important thing is that whatever plan you use has to be appropriate for your own situation, your own setting, and no one is going to be able to tell you what that is except you, yourself.

I like to think that this planning is based on a one-, three-, and a five-year projection. You are developing programs and I think that any administrator or any Board has got to be thinking at least five years ahead of where you are. But, you don't necessarily have to try to take your community five years ahead with you. There is an old principle of administration: If you are too far ahead in own thinking and in your own planning--the people who are presumably supporting you, you find you are out there all by yourself, and you are not leading anybody. And the people are going in some other direction, and you are out on a limb. That is why I used to develop a one-year plan and a three-year plan and a five-year plan. And we literally sat down and plotted this out. We put on a printed chart where we wanted to be next year. You know, how many kids are in program; how many kids are there going to be. And then, how much is it going to cost. Then we would run it out on one, three, and five years, and each year I would update that one-, three-, and five-year plan. I am appalled, really, at the lack of long-range planning that takes place in Education. We live from crisis to crisis, and whichever group of parents is beating us over the head, that is the crisis we react to. That is a heck of a way to do business. But it is a fact of life; I think we ought to sit down and do this planning so we can prevent some of these brush fires from cropping up.

Now, I am as much concerned about the process of the development of a plan. I personally believe that all elements of the community have to be involved in developing or having some input into what the educational plan ought to be. This is not only Special Education, but it is just principles of planning and administration. And I am thinking of the people who live in the community. They certainly should have a voice in it. Obviously, their elected representatives or appointed representatives have got to have some voice. The administrators who are responsible, especially for

implementing the plan, obviously have to have a voice. Teachers who are on the firing line have to have a voice. And I guess we are going to have the students have a voice in what these plans ought to be. And I apply this to the handicapped children. And I can think of a group of young men in St. Louis, who are crippled; they were in a highly specialized school program, high school program because they were so physically involved there wasn't a high school program into which they could be integrated. So we followed through with a specialized program. I was sitting down and talking with these young people, trying to find out where they might be going, vocationally, and having them have some input into the kinds of things that ought to be in the school program. In the first place, some of the physically handicapped have a lot of leisure time on their hands, and they should have some voice in the kind of things that will help them occupy their leisure time a little more meaningfully as far as they are personally concerned.

I am a great believer in the use of advisory committees, and here again, I go back to my St. Louis experience. We had a general advisory committee; it was made up of a lot of lawyers, it had a doctor on it, P.T.A. representatives. There was a cross-section of the community. And when we had something we wanted to project, we sat down with our Board and our administrative staff and this advisory committee, and tried to hammer out so that we could get an adequate reflection of what the community was desiring of us in the school. Too often, the schools lead an independent life from the community, and we exist as a separate entity. And I think we forget that we are a creation of the community. If you look at Education nationally, and how it was delegated from the federal establishment to the States to the locals, if you want to get down to the legal base of it, the State can say: "This is the way it's going to be, friends," and get away with that. Legally. But they would be in a tremendous turmoil because the way we have operated our schools. This is local control and local option. I think it is good, because schools are there to serve the people, and the people are the ones that ought to have some input into the schools.

But for some of these specialized kind of things--and I'll go back again to St. Louis--we had a medical advisory committee. Granted, we were fortunate to be in an area where we had a lot of medics, a lot of medical schools and what have you. And we picked the brains of everybody we could, and that has two elements: First, I think you run a better program, because you have picked the best brains that you have got in the community. But it does something else. It gets people involved in what you are doing so you are not out there all by yourself, trying to interpret to the people what is going on. You have got a lot of spokesmen, and this is important.

This planning process is important because people have to get emotionally involved. There is a principle of getting support. You can talk to them as I am talking to you. And I am hoping that

some of the things we have said this week will continually be said to you. We help you get emotionally involved in doing something for handicapped children, because if you are not, it all has been in vain.

As I said, this process is so important.

Another point that I want to make: Don't sell your own observations short. The simplest way, I think, to get a plan going, is so say: "What is community "X" doing?" You just adopt it, pick it up, in toto. That, to me, would be the poorest way.

Another element that I think is extremely important is the development of written policies. I am curious: How many of you have a written policy book, those of you who are administrators" I see a couple of hands. What if a question comes up? How do you know what the policy is?

Participant: We have numerous policy books, a whole manual.

Dr. Wirtz: All right, who writes the policies, the B.I.A.?

Participant: The B.I.A. I think it works both ways; you have a policy that is set by congressional intent and legislation, and then you have guidelines for the execution that are, most of the time, developed locally. I think they are synonymous with what you are talking about.

Dr. Wirtz: Of course, we all have laws that we have to live with. There is no question about that. And aside from the BIA broad policy, how many have a written policy dealing with handicapped kids? Anybody? Now, how do you make a decision on kids? Do you make it up, each as you go along?

Participant: It is quite easy when you don't have many alternatives, it is quite easy to not have policies, particularly on handicapped.

Dr. Wirtz: Okay. Have you ever examined the policies dealing with so-called non-handicapped, to see what impact they have on the handicapped children?

I am on another project in Georgia, working with several small school districts and a college, trying to sensitize administrators and classroom teachers of these handicapped kids. We are trying to get them to go through all of their written policies that they have for the school districts. I assume most of us have some procedure for excluding kids, that are either misbehaving or having some condition. This is inherent in the school business. But believe me, that has a tremendous impact on handicapped kids. It isn't always the policy that giveth, it is the policy that taketh away from the kids.

I would challenge each of you to take a look at your policies, either written or unwritten, and review them with an idea of what impact is this, either in providing programs for handicapped kids or excluding handicapped kids from the programs we already have. And this, to me, is the first part of the process of developing a plan for handicapped kids. It may be that even a minor modification of policy will make a significant difference in the most disturbed kids, the mentally retarded kids, or whatever it might be. This is part of the examination of our own attitude, I think. I have gone through some school district policy books and trying to help them see that the policy may be dealing with curriculum for instance. Or saying: "You have got to have "X" number of credits to graduate from high school." Is that a logical one? You are running secondary schools; how many credits do you have to have to get out of high school? Sixteen, fifteen, fourteen?

Participant: Depends on what State you are in.

Dr. Wirtz: Okay. But this is not uncommon, is it? Now, those are defined somehow. Those are academic, where you get a half-credit for physical education, or a quarter-credit for music, or however this thing is sliced up. But this is a policy. Now, let's suppose you have an educationally retarded child, who can only read, say, on the third-grade level. You are excluding him from the possibility of completing a high school program, even labeled Special Education, if he must have so many Carnegie units by traditional standards, to get out of high school. But we have to develop, then, some acceptable substitutes or alternatives for some of these things. You know, giving five credits for a work-study program, something of this nature. We do this in some of the cooperative educational programs, COE programs. You know, this is fine, but you try to apply it to a child who is "mentally retarded," and you say you can't do it, you can't give them a high school diploma. I have seen more schools get hung up on the idea of giving the retarded kid a high school diploma--what's the difference? It's a hunk of paper. The important thing is what is written on his transcript or in the record in the school principal's office. This is what an employer will be looking at when he goes to check his high school record. That hunk of paper doesn't mean anything, really. It is a nice thing to plaster on the wall, and the kid feels good about it after he has got it.

Participant: He has got to say, though, that he has graduated.

Dr. Wirtz: Sure, okay, he graduated. But don't you have several levels of programs. Some places have, say, a general program, and a college prep program, and a vocational program. Can't we add another piece on that thing? Well, I have seen some places where Special Education kids can't go through the commencement line, even though they give them a hunk of paper, a printed certificate.

What is the difference? These are the kinds of policies I am talking about, the written or unwritten policies that will either exclude kids or knock them down further. Now, these kids, a lot of them have got a pretty poor self-image about themselves, anyway. And so many little things that we think are so great, which we really don't stop to analyze it, don't amount to very much.

The ball game is shifting, I guess is what I am saying. There was a day when ten percent of our people graduated from high school. It was a great honor to graduate from high school. This is my parents' generation. If you were a high school graduate, that was really something. In my generation, the aspiration level was hopefully a bachelor's degree. My kids are now talking about, well, I have got to at least have a master's degree in order to get along. And some youngsters are even talking about Ph.D.'s, to get to be what they want to do in life. So, where does that leave this high school diploma, in terms of what society is looking at today? It is equivalent to an elementary certificate twenty-five years ago. And I think we have to recognize that there is a shift. And no one would object to giving a retarded child a certificate, say, he completed junior high school or elementary school. I am just using a simple example of policies which will affect the handicapped kids in terms of their image of themselves and the programs that we offer to them. You can take it up from there, on all of the other kinds of things that are in your own policies I hope you will go back and look at them. If they are not written down, do a little soul-searching in terms of the decisions you have made on your kids. And maybe even write them down.

I suspect as local Boards become more active, they will be pressing some of the administrators to write these policies down, and to have a voice in what these policies are. Because it keeps those of us who are administrators of programs on the straight and narrow. We won't be able to make arbitrary decisions on kids. I guess this is what Boards are all about.

You have probably gathered, by this time, that I am more than just passively interested in handicapped kids. This is part of my professional life. I used to make a pitch to the people who held the purse strings, because my position is that you have got to educate handicapped kids. And let me show you just a simple example.

Let's take a child with an I.Q. of fifty, and I picked that because it is the low end of the educable mentally retarded group. I wouldn't use the same projection with a seventy I.Q., or seventy-five. But take a fifty, who is scraping the bottom of the barrel of this group. Let's assume that we put him in school and spend $1,000 a year. We keep him in school for twelve years. At that point we have invested $12,000 in his education. Presumably we have kept him out of difficulties. We have plugged some skills

into him, and presumably some limited work skills.

Let's assume we don't educate him, and he becomes, say, eligible for a State institution, or he is going to be on constant welfare. Let's suppose that we just let him bounce along until he is about fifteen, and he lives until he is sixty-five, and this boy has got fifty years to worry about in between there. Seriously, now, on a national basis, it costs about $2,000 a year to keep a child in an institution. In Michigan, this is closer to $4,000, but I will just round it off to $2,000 because it is dramatic enough at that. Okay, suppose he goes in at fifteen and lives until he is sixty-five. You have got fifty times two thousand, and that comes up to about $100,000 that somebody has put into one individual for essentially no useful production in life.

We have spent $12,000 to educate him, and $100,000 to put him in an institution; the difference is, in my way of thinking, is roughly $88,000, right? That is a savings to somebody. And I have to put in this factor. Let's assume that by educating him to work even in a sheltered work shop, the most limited kind of involvement, let's assume that he works from the time he is--let's use twenty-five to sixty or sixty-five. That gives him about forty years of work. Let's assume that he works at $2,000 a year. That is another $80,000 that he is putting back into the community. And I come up roughly with a net saving on a child, to keep him out of an institution, of $178,000.

Now, at $1000 per child that it is costing you to educate him, I can educate a hundred and seventy-eight kids for the one child that I keep out of the institution. And this is why I used to go to the Rotary Clubs and tell the people who were trying to pass on taxes, and tell them that if I could keep four children in St. Louis County out of this institution, I could save the total cost of educating almost a thousand children, because our children were somewhat higher. You can argue with the mathematics, and I am not going to make a strong pitch on the accuracy of my mathematics, because I am a lousy mathematician. But I don't think you can argue with the principle that we will save money in the long haul. And the reason I am mentioning that now, because I think this is the kind of a pitch we have to make to the BIA, Congress, for the kinds of money that we need to run these kinds of programs, to project this on sort of a whole BIA school population basis. This is just a mentally retarded child, now. Do it in some of the other areas.

I have heard an expressed concern over the last week: "Where are we going to get the money to run these programs, when our whole school is projected on the basis of one teacher to thirty kids?" This is something that has to be changed. Now, it is easy for me to say it. I know that it is a lot harder to do it than to say it. But certainly, if I were writing an activity, I would certainly

build it on a one, and hopefully a three-year plan, and would have a heavy emphasis on getting some of these policies changed.

Now, this is just the dollars and cents side of this thing. I really haven't said anything about the moral values of educating a child versus not educating a child. I don't think we can really put a dollars and cents sign on the rights of children. The basic principle that I have to operate on is: All children have a right to receive an education which is appropriate for their abilities or disabilities. This is not something we can give to them, it is something they can demand from us, as professionals and as lay leaders. They don't even have to ask for it, and they shouldn't have to ask for it. It should be there. Who published the bill of rights for handicapped children? I would like to see that hung on every principal's wall, every administrator's wall, and look at it once in a while. Because this does spell this thing out. I think above all, it's the attitude that you have as educational leaders, to make the difference for handicapped children in your communities. If you don't change it, who is?

Participant: I think I certainly enjoyed and appreciate your remarks in a general societal context, as well as within the Bureau of Indian Affairs. And I think that you should know that, by and large, we have kind of written the book in terms of developing the programs for youngsters. And we have been trying to endeavor to serve these youngsters based on the economic basis. And I think that, again, in terms of what we have now -- there is a lot more we probably can do as well as keep shooting for the optimum. But as a group, as I have talked to the people, that's pretty much the idea.

I think that you make a real good point in terms of requirements for graduation. There is a desire for youngsters to graduate from State-accredited high schools and you get the North Central and all of the other regional evaluating groups into it, which I think calls for broadening on the part of everybody in terms of high school diplomas. We have been accused many times for the same reason, of graduating for social reasons than academic reasons. Just like your public schools. And by and large our position has been based on the factors that you have outlined, I think. It is very important that these youngsters graduate. There are real vocal parts of our society that are in strong opposition to this. I don't give that as a reason for giving up, however. I am not inferring that. But it is a general problem which we all need to work on.

Dr. Wirtz: We find this in the State schools for the deaf, for example, if you will look at the statistics on that. Even the day schools, these kids at an average are two years academically retarded,

just on the basis of the physical problem of hearing. You get to the State schools and the residential schools, and they are probably four years academically retarded. And yet, nobody screams about the fact that the kids are not getting a high school diploma. Let's suppose a kid gets a certificate and he goes to college and presents his high school certificate and says: "I want to go to college." And yet he graduated as a mentally retarded. But any registrar who doesn't look at the transcript that came out of the principal's office ought to be fired on the spot. By the same token, an employer who is interested in a specific kind of skill, or a specific level of competence, has got to do more than look at that hunk of paper when he says he is a high school graduate. What courses did he take? What progressives did he pursue? What kinds of grades did he get? These are the kinds of things that you look at when you are employing, and use this as a viable document. And we are all tied up on the symbols of the thing, rather than the function of it.

Participant: I think one of the real big dangers in an educational system that could be termed special in many, many ways, is this rush that is taking place over the last several years to meet State standards. And we really haven't had too much choice on that, but giving up some of the real programming that it takes, based on the needs of youngsters in a particular situation. I think there is too much adherence to standards and not enough to meet the needs of youngsters. I think that this is maybe a national malady.

Dr. Wirtz: I am sure it is. And I think this is what I have been hearing ever since we got here. The real Special Education viewpoint is that you have got to start with the needs of the child, rather than any set standards.

Participant: I think the B.I.A. is sort of a leader in the concept that you mentioned of doing everything possible to get a high school certificate for our children. We just recently graduated fourteen at mid-term. We offer summer courses for makeup work. Of course, we are limited as far as our accreditation is concerned, as to just how far we can go. But we have accredited building trades courses and various other things, courses that the children were interested in. And every effort to try to get them to graduate from high school.

Dr. Wirtz: You haven't hit it yet in B.I.A. because of the relatively isolated kind of life that the schools lead. But I keep seeing the things that are happening in cities like Detroit and Chicago or New York, where the kids themselves are getting heavily involved with what is going on in school. They are rebelling. They are talking about why can't I get credit for going out and work. A kid wants to go out and be a doctor, and

he says, why can't I go to work in a doctor's office, and get some high school credit for it?

There is something to be said about the old apprenticeship way of learning to do something. How did kids learn before we had schools? They learned it from their parents. They learned it from somebody who was expert in doing something. And we have gradually evolved this school thing and we have taken away all of these possibilities. More and more the schools have taken over things that parents used to do. When we lived on a farm, I learned how to farm from my father. I didn't have a course on how you hitch up a horse to a plow. We went out and he showed you. And you did it, and if you didn't do it right, you got whacked on the backside, and you tried to do it again. What I see happening today, particularly in the big cities, is a trend going back to an apprenticeship on a very sophisticated kind of basis. Getting industry, getting individuals involved in the training of people. And some of you may have read of Paul Goodman's stuff. He was seriously advocating that we do away with our junior and senior high schools as being the greatest detriment to Education that we have ever had in this country, and going back to literally what is, in essence, an apprenticeship kind of training. The schools are so far behind in what is happening in industry and in national trends, that we are training people for jobs that don't exist. Something like ten years from now, somewhere around seventy-five percent of the jobs people are holding won't even exist, with the escalation of automation and shifts.

Now, who is systematically training people for leadership positions and jobs in recreation areas? When you think that G.E. right now, and G.M., are seriously talking about a four-day week--not everybody is going to be able to recreate for those other three days. Somebody is going to have to provide the boats and the ski lifts and the services that go along with that. There is a tremendous opportunity in this, today. And yet I don't know of a school that systematically plugs that kind of a thing in their curriculum. This is great for some of these handicapped kids.

Participant: It is part of the "process approach" that you are discussing. Several years ago when the program at Wingate High School was being developed by parents, by tribal leaders, and by staff members, they did involve the State Department of Education and they did get some courses that you won't find anywhere else in the State of New Mexico, that are fully accredited courses. So, again, going back to your approach, maybe this is a guideline, to involve them right in the heart of the thing.

Dr. Wirtz: The more people you get involved in the thing -- it takes more time, and it is a devilish thing to do, but if you want universal support, this is essential. And this is one of the general principles of administration: involvement.

Dr. Eisenbach: I would like for us to think about a couple of things. One of the things that I hope you won't have happen in your schools, that have happened in a number of public schools, and that is that you begin to substitute hardware for good teaching. I don't know how many times I have been in schools where under ESEA funds and various other funds, people have purchased all kinds of hardware, generally the teachers don't want to use and can't use. And it is simply stored in closets. And I would suggest that maybe the amount of money that is thrown into junk like that, and some of it is nothing but junk, could very well be used to greater advantage in implementing your program with human resources. So I would suggest that you at least think about it.

I would like to suggest to you that if you involve yourself in developing programs for handicapped children, I think you should prepare, right now, for spinoff and change of curriculum and expectations and services for all children. Just as soon as you get yourself involved in an opportunity like this, I think that your entire school program is going to feel the effects of it. And I think you could very well plan this way and think about it and remain flexible. In other words, to have flexibility as a key.

I suppose, too, that another one of the things that I sat here and thought about it was in many cases, you have an elementary boarding school here and you have a secondary boarding school over here. And if you want to articulate the services that you are going to offer, it seems to me to be vitally important that something be done at the very outset to determine where are children going to go from an elementary setting to a secondary setting, so that they will be served continuously. In our public high schools and in our elementary and junior highs, right now, those are three separate entities in many cases. The elementary teachers do not talk to the junior high teachers, nor to the principals, and the secondary people remain completely aloof. And so, once a child leaves that elementary building, it is another different world for him. He has got to find himself again. So if you are planning on articulation here and you want services that are going to extend from the time the child enters school until the time he can leave that school under his own power, with some ability to go out and function as a job-holder, I think that this might very well be considered by all of you.

I think there is another thing that c too. I would

like you to ask yourself, and say to yourself, what do you want for each child? What do you want from each child, regardless of his own age and regardless of where he comes from and regardless of where he is going to school?

I don't think you can lump all children's needs together, and more than that, I think it's unfortunate, but we do it all of the time: As soon as you come to the categorization, as soon as you label a group of children as cripples, and here is a group that is blind, and here is a group that is deaf, and here is a group that is mentally handicapped, the blind become broom makers, and the deaf become something else, and the mentally retarded become something else, and the like. And teachers, bless their hearts, they help us reinforce this, and they impose the very ceilings that college professors say should be there, and so on. And so eventually the kid, when he is out of school, behaves exactly in this fashion. They almost make their predictions come true. What I am suggesting to you is don't, please don't let labels or categories impose ceilings on children. The children ought to be looked at for what they are, for what they can do. And that evaluation ought to come frequently enough that you don't lose sight of where you are going. So, frequently in these classes for mentally handicapped kids, I have heard educators -- and this includes teachers, administrators, principals, supervisors, and so on -- say, "Well, they are mentally retarded, aren't they?"

Well, it has been amazing to see what can happen when certain kinds of services are appropriately offered to those kinds of kids and what they can do. For example, going into the sheltered workshop, going from sheltered workshops into supervised employment, and these kids can do it. Thank you.

Dr. Campanelli: Before we start the second session this morning, we have a portion scheduled on your program for remarks by Title I and Title VI coordinators from Washington. Mr. John Trace is the Title I coordinator. He would like to present comments on Title I for you before we get into the panel discussions here.

Mr. Trace: There are two or three comments I did want to make before the session was over. This is specifically to Title I, and just for a moment I want to quote just a bit from the regulation. I want to read two very brief things.

In the definitions, talking about Title I providing services for educationally deprived children, it says that the term includes children who are handicapped. Then, another definition says that handicapped children means the mentally retarded, hard of hearing,

deaf, the speech impaired, the visually handicapped, the seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require Special Education services. Now, that is the background. I have heard several times during these several days two kinds of comments. One, that Title I has done practically nothing in the field of Special Education; and, in many areas, I think that is true. Then I have heard the comment that we need to look at the needs of children. I would like to suggest that the former is the result of the failure to do the latter. We haven't looked at the needs of children. And, as a result, we have not done much in the field of Special Education.

Title I is not a funding source for programs for schools. It is not set up to develop programs in schools. Title I is specifically set up to meet the special needs of identified youngsters whose level of education attainment is below that which it should be.

Please do go back to your schools with the idea that you are going to look at every child in that school and see which ones are below level, educationally. And then analyze the reasons why those youngsters are in such a category. Then, after you have done that, Title I gives you almost an open door to providing whatever services those children need. And I suspect that, if you look at individual youngsters, you will find some whose hearing is impaired, or whose vision is impaired, or who may be mentally retarded. And there is almost no limit to what the services would be that you can provide for those children. Now, if you will do that, I suspect that you will find that Title I will do much in the field of Special Education. But you do not have to set up a program as a starter. You may end up with a program. But the program is based on the identified needs of youngsters, and then you can just move ahead and set up what amounts to a program. But, your starting point has to be the youngster and you have identified that they are below level because of some handicap which falls in your Special Education field. And if you will start from children rather than from programs, you have got almost no limit to the services that you can get for those children under Title I.

Now, that is all I have to say. I think I had a couple of questions here a moment ago.

Participant: You answered my question. I couldn't see what you were talking about programs -- that would ultimately become a program.

Mr. Trace: It becomes a program, but it isn't a program when you set up for a school. The regulations say that Title I is not to set up programs for a school, or for a grade level, or for a class.

Title I is set up to provide services for those youngsters whom you have identified as being below level, educationally; whom you then analyze to determine the causes. And then, in a project, in a component, you set up whatever activities that are needed to correct the problems for the youngster so that his level of educational attainment will ultimately go up.

Little has been done because too often we have gone into the schools, or the school people have said that we need this program or that program. I suspect from what I have heard here that most of us are not oriented to Special Education. And therefore, we haven't done much in that field. But if we start with the child, identify his problems, then under Title I you can do things almost without limit. There are several limits that supplement rather than supplant, and this type of thing. But there are almost no limits. So I simply state, please look at the individual child. Don't start with, "I want to set up a program."

If your children don't need it, then don't do it. If they do need it, you set it up for those that you have identified.

Participant: One question: Can Title I funds be used in the identification process?

Mr. Trace: Definitely, but Title I funds may not be used if your project is only to identify, period. You must provide a program for those kids that will correct the problem and raise the level, ultimately, of educational attainment. But in doing this, if one of the things necessary is to identify, no problem.

Dr. Campanelli: Thank you, Mr. Trace. I am glad I don't have that much money to spend as in Titles III and VI, because we are less complicated than that.

What we would like to present for you this morning, very briefly, are some concepts and projects that have been carried out and still are in the process of operation; where ESEA Title III and VI monies have been used to attack certain problems at a particular school. I would like to make one addition to the program this morning. ESEA funds were not used; 1740 funds were used, and that is the program that was conducted last summer. We have gotten several administrators throughout the Bureau who are picking up on this concept and want to carry it out in their particular school in succeeding summers. That was the program at Riverside School in Oklahoma. I would like Mr. Gabe Paxton to address a few remarks in that direction, because it has merit for our discussion here, even though it was not funded under ESEA Title III or VI.

Mr. Paxton: I do have six copies of the total report of the Riverside Summer Institute for Indian Youths with Learning Disabilities. After these are gone, if you will give me your names we can mail you a copy.

Last spring, we began to have some discussions within the tribal groups in Oklahoma where ninety-five percent, perhaps, of the students, go to public schools. And they were saying that their children in public schools were having learning problems. So we began to look around and question the social workers at the agencies, and other educators. They verified without having actual testing data, that there were a number of youngsters, up to four hundred students, having dropped out in the 1968 year, with a heavy concentration of those dropouts in the Anadarko Area. So, with those needs expressed by the Indian people, they began to think how to meet the needs of those youngsters, many of whom might end up in our boarding schools. And so we began, first of all, to look at our resources. And we found out, nearby, at El Reno, Oklahoma, a Title III educational laboratory that was willing to help us set up a format designed to meet the needs of these youngsters. It was called the Canadian Valley Educational Laboratory. And next, having found the needs of the youngsters and having found a resource, we began to think about what Bureau funds we could use to alleviate those learning disabilities.

We began to explore Title I. We thought we had Title VI nailed down, but did not. But we began planning anyway in setting up a design to meet the needs of these youngsters. And we decided arbitrarily on setting up a program for a hundred public school youngsters, Indian youths, who were having difficulty in public school. We then announced to the tribe and announced to social workers at the Agencies that we were setting up such a program for learning disabilities, asked them to screen, and asked the public school principals and superintendents to recommend Indian youths who were having learning problems. And so at the end, when we had no other resource, we funded it with regular Bureau 1740 funds. And briefly, the design was this.

First of all, the Special Education classes could not work in a vacuum. So we decided on an inter-disciplinary program. We involved an appraisal service. We obtained the services of the Agency and other social workers so we had social workers involved. We obtained the services of a psychologist and a psychometrist. We obtained the facilities of our own Bureau school at Riverside. We involved the advisory school board who were sold and supported the idea of a special summer institute for public school Indian youngsters. And then, having gotten the facilities and the money, and the design, we began.

Now, we didn't have much lead time. We did have a lot of problems with implementation. But rather than address myself in these few moments to problems, I would like to say we did hold a summer institute, the total report is here. We are following up with putting the data on computers, and we expect to have a followup report.

We had an appraisal service first, with a psychologist, psychometrist, a medical doctor, and a nurse, under contract from CAVAREL (Canadian Valley Educational Laboratory). In addition to the medical and the auditory and the visual screening and the medical examinations, the following tests were also used: The Wide-Range Achievement Test, the Bender-Gestalt test, the WISC, the Chicago Non-Verbal Test, the spelling and math test, the Gates Reading Test, a self concept test of sixteen personality factors test, and teacher rating scales. All of these were obtained after the youngsters had been referred by the public schools and the home agency social workers. An adaptive individualized therapy program was developed for pupils during the institute, based on the test information, parental interviews, and the general observation or staff referrals. The folders on each individual child were sent to B.I.A.

And the next part of the program was the counseling program which was directed by the psychologist. We had a ratio of one for ten in the classroom, and a ratio of one for ten in the dormitories. The general design was that fifty of these youngsters would be in class all morning with individualized curricula. The other fifty would go to class in the afternoon. Now, while fifty were in the morning classes, they went to a program which was called the self adjustment program. This was directed by a counselor. It is also a part of the program in which one hour was spent on some general concepts of getting along together, peer relationships, and group processes. One hour was spent on the adult choice of what they wanted to do. And one hour was spent on individual student choice of what they wanted to do, divided into a six-hour day. Three hours in the morning for the first half, the first fifty.

We really had a hundred and four students enrolled. We came up to the last three days before it was necessary to expel some students that were not getting along in peer relationships, and four were expelled during those final three days.

I would like to mention briefly some of the findings. The findings concluded that while we had involved administration of the school, the contract people who brought Special Education teachers in under contract, the psychologists, the psychometrists, and the students, there was one weak element: <u>We neglected to involve the dormitory staff</u>. And so we did not have the dormitory

people with us in philosophy or thinking of the program. And one of the major weaknesses was pointed out by both the staff evaluation and the student evaluation; these one hundred students from the public school system didn't think much of our dormitory program. And it was our fault. It was our fault for not involving them more in the planning and the philosophy and thinking of what we were trying to do in this Special Education program.

We did have some problems of communication, not only with the regular school staff and the contract staff, and with the specialists that we brought in. But despite that, we found that the students did respond positively in most areas. Ninety percent of them responded favorably by the evaluation process to the classroom. The Special Education classroom work was positively reflected in their comments. The dormitory was way down on the list. It took considerable time for some of the students to learn to get along together.

So, very briefly, those are some of the things we did in this summer institute for children with learning disabilities.

We did have a whole list of findings, and conclusions and recommendations. We are not saying that it is the last word, but it is just one project in one Area Office where we attempted to meet specific needs. That is all of the claim we are making, with no other extravagant claims.

Dr. Campanelli: That is a very unusual statement for someone from Oklahoma. We will set up a pad out at the desk so that if you wish to write Mr. Paxton, please indicate thereon, and I am sure he will be able to send you copies, after you look through this. I am sure you will want to learn more about it.

Participant: Can I ask a question? How long did the process take, of getting the students. It sounds pretty involved.

Mr. Paxton: The process of getting them to the boarding school and screening them took approximately three weeks. After they got there, it was completed during the first week, the medical and all of that took a week.

Dr. Campanelli: For the second report, we have a Title VI project at Concho School. This is a project that is currently operating this year. We have Mrs. Jessie Hill to give a brief report.

Mrs. Hill: Concho School is located on the Cheyenne-Arapahoe Reservation near Oklahoma City. It is approved for an enrollment of approximately two hundred and fifty-six elementary

students, grades one through eight, through application. The Canadain Valley Regional Educational Laboratory, referred to by Mr. Paxton, has the contract through Title VI to supervise Special Education and supportive psychological services through the school. The aims of the project are to provide the services needed to the handicapped students of the school so that they can function adequately with groups of their peers, to provide information to teachers in working with the students who need help, and to provide in-service training to the school staff.

Services of the project originally included: psychiatric service, fifty sessions; a psychologist for two and a half days a week; a psychometrist, one day a week; a speech and hearing clinician, one day a week; and, a full-time Special Education teacher. The project originally included the services of a nurse on call twenty-four hours. The cost of the project was $24,500.

Supplemental services to the project through Title I, of the school, include a social service representative and a physical education teacher who worked with the Special Education teacher and the other elementary teachers. Through the regular program, we have two school counselors working with the project. Through public health, the full-time service of a nurse and the service of a doctor for two days a week. Referrals for psychological services may be made by any member of the staff. And the teachers referred students experiencing educational difficulties. These are tested by a psychometrist, and Mr. Paxton described most of those tests. I won't go into them. And then the psychometrist reports back to the teacher in the area of difficulty they have located, and they recommend approaches to learning, such as visual, kinesthetic, and so forth.

The students with I.Q.s of seventy-five or below, in grades one through six, are placed for one-half day in Special Education classrooms. These are divided into grades one, two, and three in the morning; four, five, and six in the afternoon. Then the students go back to their regular classrooms. The classroom teachers just fit their programs to fit in with the Special Education teacher's schedule. She works with reading, math, and language development. Those students with visual perceptual problems are with the Special Education teacher for one-fourth of a day.

The only suggestion or adjustment that was made to the program was in the dropping of the nurse's services. These monies have been used instead on a program of complete screening of vision and hearing, which is going on this week at the school.

Dr. Campanelli: Are there any questions for Mrs. Hill?

I was going to call on Mrs. Goss next, but we have got to move away from Oklahoma. So, I will ask her to wait. I would like to have Mrs. Vera Bassett report on the MESA project of Wahpeton School in North Dakota. This was funded under the 15% set-aside portion for the handicapped of Title III and was considered by the B.I.A. Title III advisory committee to be the exemplary project under Title III for the Bureau. A recommendation was made by the committee to the Commissioner that this program for the second year should be moved into 1740 regular funds. This was done, and it is currently operating at the present time under 1740 funds at Wahpeton School. Mrs. Bassett.

Mrs. Bassett: A lot of the same things that I have thought about saying have been said by Mr. Paxton and Mrs. Hill, as far as the people involved in screening and so forth. So, I will just try to pick out the high points of the program.

We are a boarding school, elementary, grades one through eight. We take in a six-state area, twelve reservations, and seventeen tribal groups are represented.

And our enrollment is four hundred and sixteen students, although we don't always take in that many.

Prior to our MESA program, we had no way of helping the children that needed special help. And as Mr. Paxton said, they were trying to get at the problems before the kids ended up in a boarding school. So we have a lot of kids who do need this special help.

I won't go into how our Project was funded. Although we had help, our local administration has always been aware of this problem, and we had help through Washington and Aberdeen Area Offices, and the consultants of the Special Education Department of Moorehead State College. And they also helped in acquiring a staff of five very competent people: a speech clinician; a reading specialist; a counselor; a social worker; and, a Special Education teacher. You are all familiar with the duties of these different specialists.

I think that some of the things that have gone wrong are just as important to stress as the things that you have found to be working. So I am going to mention them.

First of all, we are operating in a building that is apart from the school, which is not a good setup, but that's all we have. The children have to go approximately down the street for a block.

We have one self-contained Special Education room. I would hope

that in the future we would be able to extend this through the eighth grade. We take children only from grades one through four, because we feel the greatest need is there. In the future we hope that we could be funded to include the entire elementary school.

The children for the Special Education classroom were selected very much like Mr. Paxton said. We found that it took about three weeks for screening. But I would like to stree the point that teacher observations were so very important in our case. Our speech clinician and reading specialist worked with groups and with individual children. We found that one of the cautions to watch for, the second year teacher was not to schedule them too tight, because they did not have time to sit down and consult the individual teachers. And of course, were not able to give the training that these people are very capable of doing for the rest of the staff.

We found that about two-fifths of the children that were in the program the first year did not return to school. So, you can see right away the difficulty that comes up here. One of the things we tried last summer was to make reservation visits to talk to the parents of the children involved in this program. And it really worked out very well. We hope to continue it this next summer, including more people going out. Along with this, our speech clinician is working on a language development program. As someone said the other day, it isn't only the childrens' speech production that is so important, but developing their language. They have not had those experiences at home that they can refer back to in a school situation. For testing purposes, this is very difficult. So the program she is setting up is to go to the reservations from where these children come and take pictures and use a videorecorder so that she can work with this material the next year. The children can refer back to pictures that they are aware of, and maybe their pets, scenes from the reservations. I have brought some of this material along, pictures and so forth. I will leave it here on the table if you would like to look at it through the noon hour or the rest of the day.

The people in the program have been very good about documenting the progress of the children. And I think this is important because evaluation is always necessary. I suppose one of our downfalls here was, we say we are so flexible, but we aren't always willing to pass a child back and forth. He fits into our room and so it is just less complicated to keep him there for the rest of the year rather than to send him to someone who can do more for him. But, we are working along this line to get the teachers to really seek out the help of these people for children that they know of who are deserving of such help.

In this evaluation, we have done pre-and-post testing. After the first year, we do definitely have some results. If any of you are interested, I would be glad to send a copy of this paper to you. But in two cases, the reading and vision counselor did work up a hand-out that I am going to ask you to take off of the table over there. This was on two particular students, that they really felt was very evident of their progress. And in the case of the counselor, he is working on a new program dealing with self concepts of children. It is the understanding of them, and the people around them, and their environment. All of this is very new. We really feel that this is going to be very helpful. And I also have a little recording on one of the boys who expressed himself through one of these sessions. And it takes about a minute. If you would like to play it at any time, just turn on the recorder.

We did not compare these children to the rest of the children at Wahpeton becuase we do not feel they should be compared to the non-handicapped children. So, the evaluation data is of the MESA group, completely, although we do expect them to make gains that are at least approaching their own potential achievement level. One of the things that we have to work on, again as I stressed, is communications with the teacher, and being more flexible and getting the staff members to do more in-service work. We have a lot of people come in for in-service training through Moorehead College. And we have people from Western Michigan University. Many of the instructional aides in the dormitory are taking classes this year, all through the three quarters, and we feel a lot of this is being done. But we certainly think and we hope we can improve on it.

In closing, I would like to say that we believe at Wahpeton that while two years is really not sufficient time to prove the growth of academic achievement, at least the handicapped children have had the advantage of being a part of our Project MESA, and we do feel that it has been successful. Thank you.

Dr. Campanelli: Any questions for Mrs. Bassett? And the materials will be here on the table for you to look at during the break or any time this afternoon. We ask that you don't take them away with you, unless they are so designated.

I would like to go on now to a Title VI project at Phoenix Indian School which was completed last year. And for this, we have Mr. Clyde McMillan from the school faculty.

Mr. McMillan: This was a Title VI project called Project PISCES (Phoenix Indian School Comprehensive Evaluation Services) for the education of students. The Phoenix Indian School has about eight hundred and fifty students, all boarding. The project, itself,

was funded for $20,000. This was during the '69-'70 school year. This project came about as a result of the fact that we had some very inadequate test data on students who were coming into school. So, because of this lack of information, the in-depth evaluation was made.

The objectives of the program were: to provide information data for psychological, physical, and educational evaluation for counselors and teachers, for immediate and long-range planning by the school staff; to individualize instruction by means of the acquisition and use of this data which would in turn maximize the learning opportunities for the students. Then it was planned, too, to initiate a model, comprehensive interdisciplinary clinical system in order to make this in-depth assessment of these psychological, physical and educational means. And then, too, refine a procedure for the periodic and continuous evaluation for each learner.

And fifth, to recommend a prototype for other Bureau of Indian Affairs schools.

The testing itself began as soon as the students arrived. We had an initial test we gave the students to get them into the classroom, to give a schedule so that we would be able to find them when it came time to take the rest of the tests. As soon as this was accomplished--it started with the physical examinations, done by Public Health. The rest was carried on by Arizona State University, who had the contract. Visual tests for acuity and near- and far-sightedness, color blindness and et cetera, this was all initial screening. The hearing tests, those that failed the initial hearing tests were referred to the A.S.U. Speech and Hearing Clinics. They were tested for speech abnormalities and language problems. They had to improvise quite a lot on the language tests. After it was all finished, they still weren't quite sure that they really knew what they had tested. They just couldn't find a satisfactory language test, apparently, for this group.

For the educational testing they used the S.R.A. achievement and Primary Mental Abilities test. And then the psychological testing, the Moony problem check list, and the Memory-for-Design. There were a hundred and forty-seven tested initially, and out of this group, thirty-nine were referred for some in-depth psychological testing.

A.S.U. provided two faculty orientation conferences. These were held during the month of February, where the consultants explained to the entire school, the testing and screening program and interpreted the results to the faculty. They later had another

meeting with just those teachers who had these students in class. It took about three weeks for the initial testing and screening. But it seems like we were a long time getting the results from the in-depth studies that were made later.

Our evaluation, that is the school's evaluation of the program, felt that this kind of a program would have real value as a model to be used. They included in the report a flow chart which I think would be very helpful for any group planning such an in-depth study of students. We felt that it would have been much better to have this done prior to their entry to the school, perhaps the summer before or during the spring semester before arrival. We found that all of this testing at the beginning of the year proved to be somewhat disruptive. These students we see were here in Phoenix in the center of a large population community, urban community, for the first time. This was, in itself, an experience for them. And for them to be shuttled from room to room and from place to place for testing for two or three weeks had a little difficulty in getting some of them together for some of the tests, I suppose, for the second week.

And I think that this was probably reflected in the results in some of the tests, too. We felt that the information that we got out of this came too late for any real value, any great value last year. Honestly, we have used it more this year than we did last. We felt that the results of this program had several curriculum implications, too. We, of course, were aware of the academic and health problems some of our students had. But I believe the results of these tests delineated the various problem areas in such a manner that it should be helpful to various curriculum committees that worked on school programs. It seems that we had a feeling that we had a number of students who may not really need the kind of Special Education program that we have. Our Special Education program is in its third year, now. While they may not need this, they may not still be able to function in a normal classroom situation of say, twenty-five or thirty students. So, while the project has been completed, we are still making use of this information on the individual students, as far as the curriculum revisions are concerned.

Dr. Campanelli: Thank you. Mrs. Goss, I would ask you to report now on an on-going Title VI project which is different from the ones you have heard about. It is different from the one you will hear about at Intermountain, because this project encompasses the entire Area Office school system.

Mrs. Goss: We do have currently an on-going Title VI project, which involves all of the schools in the Muskogee Area as well as Choctaw School in Mississippi and the small day schools in Louisiana.

Project MASTER was developed to provide speech, hearing, and vision screening services, and evaluation, and followup to students enrolled in the schools. When the project is completed, we will have screened approximately thirteen hundred students. The students who are enrolled in Sequoyah, Seneca, Jones Academy, Carter and Eufala, Oklahoma, and the schools in the Choctaw Agency, specifically, Choctaw Central, Bogue Chitto, Conohatta, Red Water, Tucker, Standing Pine, and Chitimacha, which is in Louisiana, have all been involved. We have a contract with the University of Tulsa to provide these services for us. We have not had a complete followup report on their screening in the Mississippi schools as yet. I won't give you any data at this time because what I would give you would not be complete.

In July 1970, we completed a contract with the University of Tulsa to provide the following services: identification of children with medically or educationally significant speech, vision, or hearing problems; and, followup services designed to correct and/or minimize problems related to abnormal speech, vision and hearing. Services have included speech therapy, aural rehabilitation, otologic treatment, ophthalmology treatment, psychological diagnosis, if it were related, remedial classroom teaching and in-service training.

The University has, and it continues to provide, a speech screening program designed to identify children with defective speech in the schools that I have mentioned. After that, they make appropriate recommendations such as speech therapy, medical consultation, any evaluation or followup that needs to be done. We currently have, through the University, speech clinician services that were only provided to one school.

The University also provides a hearing conservation program designed to identify all children who have educationally or medically significant hearing loss. They also provide a diagnostic hearing evaluation for children who fail the hearing screening tests. They provide recommendations, relative to educational management, for otology examination and evaluation and the need for hearing aids. They provide an otologic medical evaluation for all children who have abnormal hearing who reside at our Oklahoma schools. The result of the audiological evaluation is then made available to the staff of the respective schools for appropriate followup. And I can't say enough here for the fine work the Public Health Service within our schools have provided for followup, for recommendations to students who have need of surgery, the students who have need of glasses or hearing aids, et cetera.

The University also provides the visual screening program for all schools which is designed to identify children with defective vision. They have been tested for far vision, near vision, fusion and color blindness. Again, appropriate educational and medical recommendations have been made.

Also included in this contract with the University is in-service training components. An in-service training component is directed toward acquainting the respective staff with the speech, hearing, and visual problems of specific children in the schools. This aspect of in-service training strengthens the educational and medical management of the children and has been geared to the classroom. We have worked very closely with the Department of Public Welfare for Oklahoma children who have hearing or vision problems.

We just completed the grand staffing in February 1971 and that particular session was devoted to a general review of the project as it has been developing and how it will continue to develop relative to the causes and effects of hearing, speech, and vision problems related to the children in our schools. We also have some formal lectures on the types of tests that they gave at the University. And, some discussions on how the project is going, the type of problems we are running into, et cetera.

The final grand staffing which we will schedule at a later date will include a statistical review of the project with the data including the total number of children seen; the numbers that failed the screening tests; and, the results of the followup procedures, such as how many have received medical treatment and the effectiveness of such treatment. We would hope that the final report will give the actual benefits and give in detail the actual benefits to students who have been seen and who have been provided appropriate followup as well as recommendations and what happened to all of the children that have been seen. And we would hope that when this report is completed, when it is available for publication or dissemination -- probably not until after the end of the school year -- it would serve as a resource manual for any of you who may also wish to undertake a similar activity.

I might say just a few words about what we anticipate in continuation of this project. We would hope that the information and experience that we have gained this fiscal year will give us some information we will use. Now that we have those figures available we can continue to expand on those. We would hope in the coming year we will be able to reach more children and will be able to provide the kind of services directly to them that they do need.

Dr. Campanelli: Any questions for Mrs. Goss. There are three

aspects of the program that I think need to be emphasized on this MASTER program, which are very strong points. The one aspect is included in the services provided by the University- an otologic medical consultant who came behind the hearing screening and did physical examinations of the ears, nose, and throat, a week or so after the hearing screening had been completed to find out exactly what kind of medical problems existed.

The other aspect is the close cooperation between the Bureau school, Public Health Service, Area Office, and the State Department of Public Welfare. If a youngster was detected in this screening program that had an impairment of one kind or another and he or she were an Oklahoma resident, an MA5 form was immediately filled out and referred to the State Department of Public Welfare so that the State could then take up the responsibility of providing followup services. The services would not have to come out of our Title VI funds, and could be used for other children that were not Oklahoma residents.

The third concept which is very interesting, and which was expressed at the grand staffing, are the possibilities of improving this program in the subsequent years. It should be a relatively easy task to take a paraprofessional aide who is currently employed at each of these schools. And, by asking them to attend a summer institute at the University, could come to administer many of the basic screening tests that were administered by the University, thereby reserving the use of the University people for the more difficult followup procedures which were necessary. We got some very good feedback where aides told us, "I am working now sixty hours a week at the regular job at the school, and I would really be interested in doing something like this on Saturdays and evenings and so forth." So, the equipment would be at each school.

And this could be an on-going thing. It wouldn't have to be just a one-time a year kind of activity for the youngsters. These are some of the very positive aspects that are building out of this program.

The final presentation, Mr. Bob Bartholomew from Intermountain School, will report on a completed Title VI project. You will note that there is a great similarity between what he is going to talk about at Intermountain, and that which was conducted at Phoenix Indian School.

Mr. Bartholomew: I would like to preface my remarks by clarifying my position. My job at Intermountain was one of providing administration support to the Title programs. And since this Project was a contract, I possibly am not as knowledgeable as I should be on

the tests that were used and the results that were found. Dr. Campanelli was involved quite extensively in the planning. So, if you have questions, you may possibly want to direct your questions to Dr. Campanelli along this line.

Project IN/SLIP (Intermountain School Learner Identification Program) had as its main purpose to provide the evaluation and followup on three hundred students. The focus was on the incoming freshmen and returnee students. The initial service was provided during the months of September and October of 1969. The contract for this project was awarded to the Utah State University Foundation at Logan, Utah. The contract price was $19,961.

The contractor's primary responsibilities were to provide evaluation in mental abilities, vision, speech and language, academic achievement levels, and personality testing, with input from the Indian Health Service as to physical examination, dental surveys, and a nutritional study. We did receive our final evaluation reports in August of 1970.

The sample testing included three hundred ninth-grade students either attending Intermountain for the first time or returning after a year or more absence. The frequency range on all tests was one hundred and one to one hundred and forty girls, and ninety-eight to a hundred and fifty-five boys. The variation was attributed to difficulty in getting students to report to the testing areas.

The administration of the tests was conducted by a group of graduate students in psychology at the Utah State University; or in some cases, lay people who were trained to do group testing.

Students were randomly assigned to groups and the schedule was set up for the groups so that the tests were administered in a different order for each group.

More specifically, the objectives of the contractor were to establish normative data relative to the Lorge Thorndike, California Achievement Test, Cattell Culture-Fair Intelligence Test, Goodenough-Harris Drawing Test, Raven Progressive Matrices, and Tennessee Self-Concept Scale. They were to determine the useability of the Tennessee Self-Concept Scale and the predictive validity of achievement and ability tests for ninth-grade Intermountain students. They were to determine areas of academic competency and deficiency. They were to create a student data profile sheet on each student listing achievement, ability, and personality test scores. And they could be used for placement of students in the fall.

The scholastic aptitude tests which were used were the Lorge Thorndike, Cattell, Goodenough-Harris, and the Ravens. The norms on these tests were based on those students who were fourteen years old or older. The students at Intermountain School were much lower on both the culture-fair and the culture-bound tests. The Cattell and the Ravens were used as culture-fair tests. The results on these were closer to national norms and the results on each of the tests were similar to each other.

The verbal section of the Lorge-Thorndike was used as a culture-bound test. The result on this test would indicate that almost all of the students scored in the bottom half of the publisher's norms, leading to the conclusion that the students are well below average in scholastic ability, or that the Lorge-Thorndike test does not adequately assess their scholastic ability for this group.

It was the recommendation of this group at the University that since the Lorge-Thorndike results were quite different from those of the Cattell and the Ravens, it would appear that it is not a good measure of scholastic aptitude for this population. It was recommended that it not be used for measuring scholastic aptitude of Navajo students.

The Goodenough-Harris Draw-A-Person was given as a possible non-culture bound I.Q. test. The investigators hypothesized that the test would not prove valid as a measure of scholastic aptitude, but may be a measure of apparent natural art aptitude of these Navajo students. It was recommended that the Goodenough-Harris not be used as a test for measuring scholastic aptitude.

For personality testing, the Tennessee Self-Concept Scale was used. There, again, the recommendation was that this test not be used as a group diagnostic personality instrument.

In the area of achievement, the California Achievement Tests were used in the areas of reading, arithmetic, and language. One concern expressed was that the junior high level might be too difficult for these students and that low scores would have little or no meaning. However, there were only nine percent of the students who scored at or below a chance score of thirty-two on the language test. Only fourteen percent of the students who scored at or below a chance score of thirty on the arithmetic test. And twenty-three percent of the students who scored at or below a chance score of twenty-seven on the reading test. From this data it would appear that the junior high level battery may be an appropriate battery for these students.

The majority of students tested on the California were fourteen years or older, and therefore should be placed in at least the ninth grade according to chronological age. The results of the achievement test, when compared with publisher's norms, indicate that these students still score poorly, even as seventh graders with approximately fifty percent of the students falling in the lowest quartile of publisher's norms for beginning seventh grade students.

Now, the pre-post examination was given on the California in the fall and spring of the 1969-'70 school year. The average growth of the students tested was three-tenths in arithmetic, six-tenths in reading, and four-tenths in language. The time elapsed between the two testings was approximately seven-tenths of the school year, so the normal growth during this time should be seven-tenths grade equivalent.

In reading, the students approached but did not reach the normal growth rate; in arithmetic and language, growth was approximately one-half of the normal rate. This rate of achievement correlates with the results of the scholastic aptitude tests and confirms the position that students tested represent a sample in need of special facilities and special programs. It was further determined that the language section of the California was the most reliable prediction for academic placement where heretofore the reading section has been used at Intermountain for initial group placement.

Implications of this testing indicate that Intermountain School is attempting to educate ninth grade students who not only have a language and a cultural barrier but also constitute, in substantial numbers, students who would require special programs designed to meet their individual learning needs.

A second part of the project was in the area of vision, speech, and hearing. The objectives of this phase were to evaluate the communicative difficulty of Navajo students enrolled at Intermountain School. Specifically, they were to evaluate phonological capacity of the students, assess the recognition vocabulary of students, screen the population for hearing difficulty, determine the prevalence of visual dysacuity in the new and re-returnee students.

The sample in this case was three hundred and twenty-five new and re-returnee students who were seen for evaluation. The instruments they used were the Templin-Darley Tests of Articulation which tests an individual's production of speech sounds of language; the Peabody-Picture Vocabulary Test (Form A and B), tho this test is designed to measure verbal intelligence, the principle use of it in this study was to estimate the subject's comprehension of the

spoken word. A puretone Air Conduction audiometric threshold test was given to determine the subject's sensitivity to pure tones. The criterion for failure was a loss of twenty-five decibels in any tonal frequency in either or both ears.

The vision screening was accomplished by using the Snellen eye chart. Criterion for failure was more than two misses on any of the lines for 20/20, 20/25 or 20/30, or more than one error on the 20/40 and 20/50 lines. Additionally, the plus one, two, and three diopter lenses were used to determine distance vision problems.

The results of this testing are as follows: In articulation, only forty-two percent of the population tested had errorless speech, forty-four percent made substitution errors, eleven percent made omission errors, seventeen percent made distortion errors. Some of the cases had more than one type of error, but the important result is that a high proporation of the sample population made errors in production of the sounds of English. This finding is even more dramatic when you consider that in most cases a model of the correct production was furnished the subject prior to his response.

In the Peabody-Picture Vocabulary, the mean mental age computed for this group was seven years four months. The test protocol was followed but it was felt by the examiners that strongest application of ceiling unduly penalized the subjects who did not know English words. Generally, it was felt by the examiners that the subjects were brighter and were able to perform better than the test scores indicated.

On the puretone air Conduction threshold testing, only three hundred and eight of the three hundred and twenty-five subjects were tested. Thirty-two percent of this population demonstrated medically significant losses. It is readily apparent that the prevalence of educationally and medically significant losses exceeds that of the normal population many times.

In the vision screening, three hundred and forty-five students were screened for vision. Sixty-one percent had significant visual acuity deficits, fifty-three percent had a significant visual acuity deficit that does not appear to be adequately corrected by glasses. Nineteen of the forty-seven students who were tested with glasses appear to have visual deficit not adequately corrected by glasses.

The large number of students demonstrating visual deficits, those reporting lost or broken glasses, and the large number

inadequately corrected by glasses would suggest that at least part of the educational problem with the Intermountain School population has some relationship to visual acuity.

From this study it is apparent that there exists in many of the students a communicative handicap. The effect of that handicap is, in all probability, related to their performance in other areas. However, the strength of the relationship still needs to be determined.

We do feel that this project is possibly only the first step. We found out some things about our children and we also found out some things about testing. And I am hopeful that we can pursue these results possibly on a large scale, because we are able to use the kind of results we get from a study of this kind and better place our students in the program so that they will have a higher degree of success.

Dr. Campanelli: Thank you, Bob. Are there any questions?

Participant: I was wondering what you attributed the lower scoring to. Where did these kids go to grammar school?

Dr. Campanelli: Dr. Benham, would you like to respond to this?

Dr. Benham: Like most reservation schools, they come from a variety of sources, from the reservation schools. These represent youngsters who sometimes have been dropped out from public schools; or, the public schools did not provide the program, so they enrolled there. Or sometimes, in a few instances, they are youngsters who would be committed to some kind of a federal reformatory or some kind of a place like that but for the facilities of some of these reservation schools.

But some of them are youngsters that have dropped out for quite a period of time.

Participant: Do you think it is the quality of off-resevation schools that you attribute this to, the fact that they were not doing very well in high school? Is it the quality, or is it the kids having a hard time getting adjusted to this school?

Dr. Benham: I feel it illustrates full well the fact that it does take a highly individually-oriented program. It does take this. That is the implication to me of this. I don't think you would find this too different in most of the off-reservation schools. I think this is the nature of them. I think this has implication for all operators in terms of trying to find a standard mode. The

kids just won't fit it. You have got to fit it to a highly individually-oriented program or the kids just won't fit it; you are in trouble, it is just as simple as that. That's the way it hits me.

Participant: Do you think they would have an easier time if the schools were on the reservation? They would be more likely to succeed if the school was closer to their home?

Dr. Benham: Yes, I do.

Participant: Is there any chance that these schools can do that?

Dr. Benham: I think in terms of the hopes and aspirations of the people. And it is just a matter of time and funding until it is that way.

Dr. Campanelli: Thank you. Mrs. Harvey?

Mrs. Harvey: I wonder if the gentleman would elaborate a little bit more on the psychological testing and how the kids see themselves and the personality traits. I am wondering if you would particularly address your remarks to whatever implications there are for having examples of living for the children. Would this entail more of the Indian people than the Navajo people themselves?

Mr. Bartholomew: I can't give you the kind of answer that you are looking for. We, of course, feel that a great number of the student population have a negative self image. This was one of the reasons that this personality test was included. But as I mentioned, they did not come up with any significance in the testing. And they did, as a result, recommend that this particular test not be used. So, in this area, we are not really any further along than we were before. We would like to pursue this, if we could, and find some kind of a test that would give us the data.

Dr. Campanelli: I think one of the important things that has come out of the Intermountain study is the fact that they were able to establish the normative base lines for the school. I think this is critical. Subsequent discussions with the University have suggested to us that they would like to take the next step forward, and determine the predictive validity of I.Q. tests which are given at the beginning of the school year in comparison with the end of the school year academic achievement tests. So that if you were to take a sample of children, and give them a number of I.Q. tests. Then run a comparison between the tests and how they do academically at the end of the year and include, say, teacher rating. You possibly can weed out test batteries which

really are a waste of time to give because they don't allow you to predict in terms of this particular population which could be vastly different from the youngsters at Phoenix or Riverside or any other school. I think this is the critical thing that we have got to do. It's very difficult to generalize when you are talking about different tribal groups and different backgrounds that they come from. It has got to be a very specific process.

Participant: Then you mean that you have to establish your norm for their own particular group?

Dr. Campanelli: I think this is essential.

Participant: I wonder if the findings of this project could be put out to us, that also deal with Navajo high-school-aged pupils Granted that there is, -- that their population is different than ours, -- but there still can be some relative implication here for us.

Dr. Campanelli: I think there is material from all of these projects that you can take out that is significant to you and build on your individual program. A copy of the IN/SLIP final report, and a copy of the Phoenix Indian School report have already been sent to all Area Offices. And this was done January 1971. They have also been sent to the Agency educational people who are responsible to the Central Office.

I think one of the critical things, as you listen to Mrs. Goss, Mr. Bartholomew, and to the other examinations that were done, (particularly in terms of Phoenix and Intermountain, where you were talking about secondary school populations) is the tremendously high number of hearing and visual problems that occur in these students. I think that the figure that came out of Intermountain was thirty-four percent failure on a hearing threshold test. Now, this is not hearing screening, because you expect many children to fail a screening, because you expect many children to fail a screening test for one reason or another: there was noise in the room, they weren't paying attention, they may have had some emotional problem, or something, so they couldn't concentrate. But the ones who failed the screening and then were tested individually, thirty-four percent of them indicated educationally significant hearing problems, which tells us something as school people. We have to look rather carefully at the kinds of school health services that we are supposed to be getting. And maybe it now becomes our responsibility to move into this area as an educational responsibility in terms of, say, hearing and vision screening that many public school systems carry out the work. I think this is critical, because here we are talking about sensory areas that are medically reversible. It is not

necessary to build classes for these kids. It is not necessary to hire Special Education teachers if you can get them early enough, and treat them medically, and then just send them back into the regular classes.

Participant: I might comment along this line about the value of getting this kind of documentation. We did have an idea, the size of the problem, because of the previous Title I project in speech and hearing. And the results of that, coupled with these results, this year we were able to sell Public Health on the idea of establishing a unit, a speech and hearing unit, like in the Public Health Hospital. The Billings Area has funded this project this year. So, gathering this kind of data can be valuable in terms of getting new services.

Dr. Campanelli: There are two other points that I would like to make on what you have heard.

I think, as Mr. Paxton pointed out in the Riverside studies: If you are trying to establish or extend Special Education programs in your school and you have nothing. The thinking seems to be that if I can just get a Special Education teacher and space, I could get these problem children out of these other classes and put in this one classroom, my problems are going to be over. This does not happen, because once you begin to do that, the kinds of needs that have to be supplied geometrically increase. And what Mr. Paxton was talking about, I think, makes sense: the kind of interdisciplinary approach that is necessary in the school; that you have to think also in terms of psychological services, school social work services, counseling services. These are all essential. And, from my own biased point of view (and I hope you probably think the same way) these are not luxury items. This is not frosting on the cake. These are good, basic, practical, educational services which are necessary for all children. If we are going to achieve the human potential, regardless of the I.Q. level of students, we have to have these kinds of support services built in as regular services in a school setting.

The second point is that whatever you attempt to do, whatever successes you achieve in a school when you undergo any kind of project, it is necessary to have a total school commitment. You just can't start a Special Education program, or any other kind of program and isolate it as a tack-on to the regular school program. It's got to be a part of the total program that is presented on the campus. And so very often what happens -- as Mrs. Bassett pointed out -- it doesn't happen intentionally, but usually the only space that is available is something that has been remodeled over here. So, the students have to go out of the regular school building to attend the Special Education classes.

This has a negative connotation to the mental health of the kids that have to go over there. I think this can be handled appropriately by effective leadership in the school. But, you must have a total school commitment. In other words, the regular classroom teacher has to understand exactly what it is the Special Education teacher can do and cannot do. Very often this special teacher is brought in as the savior of all mankind in the school building, when, in fact, she is not, because she operates under certain limitations.

These are the points that have come to us. What we have tried to communicate to the Commissioner and the Director of Education at this point in time in this: we really are seriously lacking, as an educational system, in base-line data on the kinds of children that we have in our schools, the kinds of problems that they present, and there seems to be a breakdown in the system as this information is not passed on as the youngster moves from one school to another. One of the suggestions that has been talked about is to explore the possibility of a Bureau-wide annual testing and measurement program. Not necessarily to replace what you are currently doing in your particular Areas, because I assume you do measurements for the kind of information you get. But, to enable us to get some kind of handle on exactly the scope of the problems that the children are presenting is something that we are asked by the Congress when we have to justify programs. And this becomes very difficult when you respond solely on an emotional basis. Or, when you have to preface your statements by saying, "Well, we think that we have ". . . .

Participant: I have a question. The majority of the testing instruments are not valid. When you get your answers, what do you correlate it with?

Dr. Campanelli: This is a good question and a difficult question.

Participant: Instead of saying that our instruments are not valid, how are we going to move into an area where we will get something that will be valid?

Dr. Campanelli: I think the kinds of projects that were done at Intermountain and at Phoenix gives us information on the kinds of tests. You can carry it an additional step forward and run a correlation with the child's test score at the beginning of the year and compare it with his actual academic achievement at the end of the year. This will tell you something about how well that test predicts, or how valid that test is to measure what you think you are measuring.

Now, there is a comparable kind of problem that you are addressing

yourself to, which existed for many, many years in the field of deaf education. They were faced with basically the same problem: How do you measure the intellectual ability of people who have never heard anything in their lives?

Well, psychologists made some very serious mistakes back in the early 1910's and 1920's, because they were administering verbal-type tests to deaf children. They were coming out with figures that were saying that the kids are retarded, that they were only scoring seventy and seventy-five I.Q., until someone later on happened to mention to them, "How fair is it to give verbal-type tests to a child who has never heard speech or language?"

So then psychologists and educators began to move into the area of developing non-verbal or performance-type tests. A similar problem was faced in the early part of this century when large numbers of immigrants were coming into the United States. One of the criteria for immigration into the United States was that if you were an imbecile or an idiot, you couldn't be admitted into the United States. So what the government then had to do (and very quickly) was to develop a mental screening battery that could be administered to people who were Rumanian, French, Italian, German, Chinese, what have you. And it was done. And it was essentially a non-verbal kind of test.

I think it would be of great value to take groups of Indian students at different age levels and administer them both verbal and non-verbal tests and see which are the better predictors of their academic achievement. I think we will have come a long way. The Black community and the Mexican-American community raise exactly the same questions. In fact, they have taken the California school system to court on this very same point. The Mexican-American parents in California are saying it is not right that you administer verbal tests, based on Anglo norms to our children, where they fail them and then are placed in special Education classes for the mentally retarded. I think by working with individual schools and interested colleges and Universities, these can be developed. This is not an impossible task.

Participant: I think I.Q. testing as a way for determing scholastic performance, I think, is not necessarily valid. You have got to take in the motivation factor. In fact, there are many with genius I.Q.'s who do not do well in school because they are not motivated. So, this motivation thing is a very big thing. And maybe when you do get the test results, they still won't do well in school because they are not motivated in that certain area.

Dr. Campanelli: Well, this intrinsic motivation factor is a very

critical thing. This was pointed out at one Area Office, where they did testing of the students in the secondary schools. Then, at a meeting they had the students there who had been tested. The students responded and said that nobody had told them what they were being tested for, and they had just marked their paper any old way, which was a very positive feedback for the people who had given the tests. The testers assumed they had produced valid measurements. They had to go back and re-evaluate the things that we are talking about.

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MR. PERRY HORSE
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SESSION IV SPEAKERS

MR. DAN HONAHNI
BIA TITLE III ADVISORY COUNCIL

MR. TOM HOLDER
RIVERSIDE INDIAN SCHOOL BOARD

MR. JOE ABEYTA
NORTHERN PUEBLO AGENCY

MRS. BETTY GOSS
MUSKOGEE AREA OFFICE

Dr. Campanelli: I have asked the reporting individuals to take about five to seven minutes in presenting the recommendations from their respective groups.

We are going to include at this session, in addition to the three formal groups, the group Mr. Honahni met with in terms of School Boards and tribal representatives. He will start off and give us a recommendation and report from that group.

Mr. Honahni: We had approximately thirty tribal people in our section yesterday, and we talked about several things. Several areas were covered, including the Indian students, handicaps, bilingualism, and isolation, and so forth.

We also talked about the Special Education teachers that should be recruited and provided appropriate salaries by the Bureau of Indian Affairs. They also urged modification of BIA or Civil Service hiring practices. These comments had some connection to the handicapped program.

They also talked about their concerns to maintain promotional status of educational services and avoiding political patronage. And the funding of Indian Education projects, which is a legislative problem and how we would positively sensitize the legislative people to become better advocates for programs within the Indian Education field. Program writing for Special Education projects should include local involvement and possibly equal assistance provided by the various ESEA Title programs.

One of the major recommendations from yesterday's sessions was that supplementary funds should be requested to conduct comprehensive research to identify Special Education needs for Indian students. These funds are to be allocated to Indian tribes, so that they can select agencies and institutions to conduct studies at their own discretion. The reason why they felt that this was a major consideration was because we were unable to really focus our attention on any specific recommendation until comprehensive research was done, so that we could find out how many students needed help, and in what particular areas, and so forth.

Also, a little note attached to that is that the National Indian Education Advisory Committee, along with the ESEA Title III Advisory Committee, assumes the responsibility to make this request to the Washington Office level: the Advisory Councils for ESEA Title I and VI would be appointed from names suggested by persons attending this particular conference. The membership for each advisory council should consist of six members. The existing ESEA Title coordinators in the Washington Offices should be maintained to work with these Advisory Councils.

The BIA must absorb the cost to provide to Indian tribes the Education information available through Area and other resources. And again, this would be at the request of each tribal group.

Special Education professional staff must be increased in the Washington Office to provide realistic and competent services to Special Education projects. This has to do with the hiring of a Special Education person for each one of the ESEA Titles that we have been concerned with during the past week--Titles I, III, and VI.

The fifth recommendation is that the BIA maintain the fifty-first State status to receive Public Law 91-230 (formerly, P.L. 89-10) Title funds for Indian students until such time any Indian tribes set up Education departments of their own.

Now, if a particular tribe sets up its own Education department, it does not jeopardize the other Indian tribes from continuing to be serviced by the fifty-first State.

Sixth, current Public Law 91-230 projects eligible for regular program activities. And one of the major concerns of the people was irregularity and inconsistencies of programs under Titles I, III, and VI, for handicapped programs or others. They felt that there was a definite need for a continuity of programs for Indian people, so that they will feel a lot more comfortable and secure in the laws and programs that they implement.

So, any Title programs that could be absorbed by 1740 funds should be absorbed.

Those are the recommendations.

Dr. Campanelli: Thank you. We have the Alpha Group reporter, Mr. Tom Holder.

Mr. Holder: Thank you. Our first discussion was, as you recall, discussion with various resource people for the Title program. It consisted of a question and answer session primarily involving the dissemination of Title information to our people. And some of these related to Special Education. In consideration of Title I, the handicapped child should be a primary target of Title I.

The priorities should be documented. The Title projects that we are using are so interrelated that invariably a discussion of one can be used to implement the discussion of another.

The programs could better be established after you have established the need of the student. After this comprehensive survey, then we can use this as a basis for applying to our Title programs. But

also, we have had the other questions: Do funds from one Title project affect the funds from another? And the answer to this was, no. We are also interested in the carrying over of various Title funds, which we were allowed to do for a certain amount of time.

And the discussion turned to the Public Health Service, and what role these people were playing or what they were supposed to be playing, in our endeavor, how deeply involved they should really become. And to a certain extent, I think that the general consensus was that we should use these people as a resource group and not have an active part in the administration of the educational part of this thing. We could use them in our testing and in our surveys and in our evaluation program. And it would be something that we could take a look at.

Some more questions evolved on the medical profession and what they thought of when they considered the individual. The medical profession considers only the physical deficiencies, and sometimes, the mental deficiencies of the individual. Now, this can clearly be seen by their big urge to try to take care of all of our physical problems, but mental problems of the Indian community aren't dealt with in depth. Even the people in the Public Health Service that want to push these problems are kind of ignored, to a great extent.

We are talking about Education as the primary reason that we are here. We are talking about Special Education. We are not talking about institutions where we have to put some of our people that are unable to be educated. And I think that we should define this in all of our discussions.

A lot of people not familiar with our setting will say, "What are you going to have for the people that should be committed in the institutions, because you can't teach them." A lot of the examples we saw where they were unable to learn, or they were in such bad circumstances, mentally, we couldn't handle them in our Bureau school. And the children should be entitled in the Title projects to Special Education. This was very, very important.

Now some of us, a lot of us, don't have Special Education programs, but already we've isolated people. We isolated them and we took them and we put them out, back in a house. They made it a nice house, and they may be good teachers, but they are still not integrated with everybody in the school. These people are going to have to be a part of the constructed school system, or we are creating another gap for these people to cross. If we don't keep them with it, too often a Special Education program is stuck over in a corner, and like a man said a while ago, "If you don't straighten up, I'm going to send you to the dumb-dumb class."

We are going to have to hold these people closer to us than we ever have, in order to give them the feeling that we are educating them for something, instead of just educating them because they don't know or can't learn anything. This is something that is very, very necessary.

Continuity is going to have to be established if our Title programs are to work. It's a necessity that each individual know what the other is doing. And I think that we all know this. Of course, there are a lot of things that we all know, but what we are all doing is a horse of a different color, as we say in Oklahoma.

I am really interested in mental health, as a professional; health work or the employment of my tribe.

The Wahpeton project, the Seneca project, the Eufala project; how many of us know all about these and are able to take pieces of these projects and to tailor them and shape them, uniquely, to fit what we have? This is something that is very necessary. We are going to have to do this, as soon as we possibly can, for everybody to join in in a big circle of communications, for the betterment of our Indian children.

So we discussed Titles I, III, and VI, and of course, the various aspects of who could be used, what could be used, what is being used, and where it's being used.

We discussed Bureauwide recommendations. All children in Bureau schools must receive the benefits of the Title programs. This is to say that in some areas, because of not meeting certain requirements, the Indian children were being discriminated against in certain Title programs. We want all of these Title programs available to all of the children in the Bureau schools; the day school, residential, boarding schools--wherever we happen to be educating children. They must be able to receive the benefits of all of the Title programs, and the priorities be placed on the medium: the Special Education needs of Bureau and residential schools, and the assessment of the children's needs.

Specifically, trained personnel to handle the needs of the children. A nationwide position to unify the demands or the needs of our children, and this would refer to all Bureau schools and all Special Education programs. The Bureau should earmark funds on a base-type thing. The regular funds should state that Special Education be inserted in these funds. These would be earmarked specifically for Special Education and would come out of our regular allocations, instead of us having to fight each other, and that's what it amounts to. We are fighting each other for a pittance.

The type of system which is currently being used, this is GAO, which meant that some of the schools, if they weren't fully utilizing a room as per seat in this room, they were being penalized. We wanted to kind of bypass this, when we started talking about Special Education. We wanted special consideration, when we asked for it--construction, on the Special Education level.

A person specialized in Special Education should be hired at the Area Office level to coordinate programs for that level. However, it was spoken by some of our people that a lot of our areas are remote. As far as it goes, this Area has a coordinator. He's going to have to be hired, I think, on the ratio of the people that he serves and the geographic locations of the certain areas. Itinerant Special Education personnel be hired in Areas with scattered small schools.

We recommend an assessment of means, and that the PHS be made to live up to the obligations that are already stated. I think that this is something that the tribal groups are going to have to do themselves. We can state it, but we, as tribal leaders, are going to have to make the demands of PHS to come into this thing and to carry out its full capacity.

We had some trouble determining these priorities and I will have to say that this was put in at the very last, but it's going to have to be first.

We set an assessment of the staff, and the needs of the staff and the students, and a commitment by the Commissioner of the Bureau of Indian Affairs, and a position paper on Special Education which would, of course, clarify our stand here.

The stabilization of funding, through a base-funding program for Special Education; this is the second. And then involved, related agencies, such as recruiting and Public Health Service, to assist us in making an assessment of our needs in order to fully carry out this program.

We want an in-service training of staff, tribal leaders, and administration. This would acquaint these people with Special Education programs. My superintendent, today, isn't here; the superintendent of another school isn't here. So, we are going to have to educate everybody in order to go forward, right down to the last person that turns out the light in the dormitories, is going to know what Special Education means, before we can have a quality program.

We got into a little bit of a discussion there about the people that we hire. We recommend that the ceiling adjustments be made to allow the hiring of Special Education people, and that the Special Education teacher be hired, personalitywise and skillwise, and this is

a necessity when you work with Indian children. You have to know who you are talking with. And this recommendation was made in full view of the fact that the present policy from the Commissioner is toward contracting. A lot of our Boards have contracted to some extent, but they don't want to go full back. And some of the Boards, like the Boards that I belong to, aren't even incorporated, yet. So we are going to ask for these people on a ceiling-type thing.

We want more of what we are already getting. The continuous Title funding, and I think that this is slightly misstated in what we are talking about. If we are going to have Title funding, let's be able to get it in April so that we can hire our teachers starting in September instead of having our programs approved in November and not getting anything. Most of the time our Title projects are running at half-staff, because we don't have the money at the first of the year to hire the quality people that we needed.

The present funding system be reviewed in respect to the small amount of money. And this was in respect to the per-capita expenditure of the respective States. It's pretty low, and we want to have the whole situation looked at.

The total accountability be taken of Bureau school administration, and the policies and this sort of thing, to insure quality teaching. That steps be taken by the Area and Agencies to educate and orient tribal leaders in respect to Special Education and total education.

I believe that just about takes care of it. Thank you.

Dr. Campanelli: Mr. Abeyta, the second group.

Mr. Abeyta: Thank you. This morning, group Beta met and I personally feel very pleased at the recommendations which resulted from some very, very interesting and involved discussion. The discussion got so involved, as a matter of fact, that we were able to agree on only four recommendations, but I am very pleased with them.

The first one is that additional funds be made available for Special Education in 1740 programs, and increased personnel ceilings to provide for the necessary staffing.

During the discussion there was some concern that this approach may be premature. In the discussion, people considered the teacher-aides and the difficulty involved in getting people on time, the difficulty that the employees, themselves, have. They are funded, from year to year, and it makes life very difficult for these kind of people. We are very concerned with a good program.

There is no question in our minds that Special Education is a neglected area in Indian Education. There is no question about it, and I think that to take up the slack for the unfortunate neglect that has existed, we are going to need some exceptional kinds of people, some extraordinary and very capable kinds of people to fill these positions, as Special Education teachers.

And we think that this is going to be difficult, to attract these kinds of special people, with Title money. I think more particularly that we are talking about attracting people from year to year. And because of this concern, we thought that it was not inappropriate to suggest or recommend that the whole bag of Special Education be included in a regular program of 1740 funds.

The second recommendation is that Title funds earmarked for the Bureau of Indian Affairs should be increased to adequately meet the needs of Indian children. There was a very interesting anecdote--I guess that's the word--that somebody gave, and it went something like this. This one fellow said that it's very unfortunate that we have got kids in our reservations and our schools that are being neglected because the availability of monies for these Special Education programs depend on an individual's ability to put down a need on paper. Just because a particular individual is in an Area Office, isn't escapable. Or for that matter, doesn't have the right friends in Washington.

I don't know whether this is true or not. There are kids that unfortunately aren't receiving this service. In one of our group sessions, a gentleman came in and spelled out very clearly the amounts of money that were available for Title I, for Title III, and for Title VI. It's nowhere the kind of money that we need to really put together the kind of programs that we really need. And it turns out that the little bit of money is being scrapped over. People are fighting for it. You know, they are competing with one another. And in all of this competition, all of this pulling at each other, the people that are suffering and the people that are being neglected are those kids that need this Special Education help.

The third recommendation was that the Bureau of Indian Affairs continue to be funded as a State, under Titles I, III, and VI, and eligibility be expanded to all federally-funded educational programs available in the other States.

The fourth and our last recommendation, was that positions and funds should be provided for federal program coordinators at the Agency level, to integrate all resources; federal, State, and local. A number of people expressed their particular dealings on the local level. Personally, I have had frustrating experiences in meeting with a parent, for example, that says, "My kids just ain't doing it in school. I don't know what the problem is."

So you take the kid and go to Public Health, and get some very good kinds of cooperation. The professional man takes a great deal of time in putting together a professional kind of evaluation that's required by State agencies for this particular individual. You go through a great deal of trouble; the parent is anxiously awaiting some kind of positive results, and not so much the cost, but waiting for something to be done with the kid. The kid is taken, for example, to a State hospital, and you are told, "No way, partner." Like there's about seven hundred kids ahead of you. The facilities just aren't large enough to accommodate the kid. And the result is that you go home and it doesn't do anybody any good.

So, this, I think is what we are talking about. Somebody getting this thing coordinated.

Another thing that was mentioned, and it's very important, is that for some reason or other there's not the communication between the professional man and the classroom teacher in the school that should be there. I have personally asked a number of people, and it's a matter of staffing, it's a matter of money, it's a matter of a lot of these kinds of things that we are all familiar with, but it's still--it's not, by any means, an acceptable answer to our solution to the problem.

Again, after a doctor writes up an evaluation, a communication between him and the teacher for a specific kind of approach for that student in a particular classroom, it just falls apart. There is just not enough time or money, I am not sure what it is. But at any rate, this fourth recommendation includes these kinds of things: cooperation, communication between all agencies available that have got services for our Indian students that are handicapped.

And that is the summary of our report. Thank you.

Dr. Campanelli: The final group report will be given by Mrs. Betty Goss.

Mrs. Goss: In regard to Special Education in the Bureau of Indian Affairs, the recommendation was that a comprehensive interdisciplinary type of approach, involving planning by all interested and involved parties be initiated and much similar to the type of approach as the introduction of the kindergarten programs were, where there was total involvement of teachers, administrators, aides, in-service training, et cetera. And that planning should include aides, teachers. That there be people from P.D. & C. involved in planning facilities, that there be ongoing training, and total indoctrination of the staff, and it would be an ongoing type thing.

Number two, the funding for Special Education come from 1740 funds. Project funds are limited in their use as to the type of people that

you attract, and there was one mention made of a lot of training going into helping people with the type of project, for instance. At the end of the year, or even before the end of the project period, after money was spent training and getting people involved, we would lose these people. On a temporary type of program, like this, that it's hard to attract and maintain the type of person that you need to bring continuity to the program.

Number three, that an integrated approach to providing the services be included, with more thorough interdisciplinary approaches to the screening activities, and total involvement in not only the social services, but health, Education, et cetera.

Number four, that there be greater involvement of parents in building good health practices, better family relationships, total child well-being, and acceptance of handicapping conditions.

Number five, that there be greater emphasis placed on the meeting of the needs of the exceptionally gifted child. We spent quite a bit of time discussing that, maybe through individually-advised instruction or maybe even a special classroom situation. I think there were even mentions made of perhaps a special school, but that we not neglect or not forget that we do have gifted children inour schools, also.

Number six, that we make other federal agencies, such as Public Health, aware of our needs, and then support them in helping them to get the kind of staff and money they need in order to help us with our program, which would reduce costs to us, making our services possible to reach a greater number of children.

Number seven, that we enlist the support of local leaders and School Boards in our endeavors.

Number eight, that a whole look needs to be taken at our current 1740 situation. We spent some time discussing that we have a changing type of student coming into our off-reservation boarding schools. Currently, we have children, public school rejects, et cetera, and we still have the same base funding, we still have the same ratio of teacher to student, of dormitory person to student, and we aren't even meeting those particular needs at this time. A whole new look needs to be taken at funding, at services, and at durrent status patterns and staffing qualifications in boarding schools, to meet the specialized educational needs of this different type of student that we are currently having in our schools.

And number nine, that a total dissemination of information from this workshop should be made to all levels of people involved in educating Indian children. It just not stop with people who are involved

here. Somehow, we make provisions that it get to our teachers, to the teacher-aides, and as someone mentioned, to the person who is turning out the light at night. Thank you.

Dr. Campanelli: Thank you very much. I would like to exercise my prerogative as Chairperson. I know I speak for Mr. Horse and Mr. Trace when I extend our appreciation to all of you: federal employees, School Board members, tribal representatives.

You have been very kind and very patient this week. You have given up time with your families. You have worked to come here and help us to develop, hopefully, a model that we can present to the Bureau to begin to initiate and extend programs in Special Education.

What we will do now is await the final report from this recorder. Then as Mrs. Goss suggests, make this available to all levels, because I think it's very critical to get the kinds of statements that have been made here to the people who are not here. That is, in helping them work with you, that we have a total commitment wherever you are.

We have the names from Mr. Honahni's group that we will submit to the Commissioner, ask him to make a selection, and appoint a Title VI Advisory Board. Hopefully, we can then begin to move and get their involvement on the submission of proposals that you will make. The recommendation was made yesterday that we have a cut-off date of May 1, to receive proposals under Title VI from the field level.

I think that we need to extend thanks to the Albuquerque Area Office and the staff members here in Albuquerque who provided the technical assistance to us. Obviously the ones you have seen here: Western Michigan, U.S. Office of Education--all of the people that participated here, and some of the people who were not able to come. Particularly, there was some disappointment stressed that the BIA Title III coordinator was not able to come. I think if you feel rather strongly about that, you might wish to communicate your sentiment to the appropriate people in Washington because that is beyond my control.

I would like to leave you with just a few thoughts. I think that we have leadership in Washington, in the Bureau, particularly, and in this area. We do have competent people that can render technical assistance to you, whenever you wish these people to come out. We cannot come out unless you request it. You may not wish us to come out. You may wish to use your own private resources that you have in your community; colleges, the State level; this is fine. As long as you go somewhere when you are faced with the problems of trying to create programs in a new area.

I asked one person: "Can't we give you any kind of assistance in Pupil Personnel Services for your Area Office?"

And he was quite blunt to me, and he said: "Well, all you have to do is just sign the advice of allotments."

Well, I would hope that we could do more than that. We stand ready to help you, as we have in the past three years, in all areas of Pupil Personnel Services. We know that this is a difficult area; it's new to the Bureau; it's not well understood; and, there needs to be communication, so that we come to realize that we are all part of one big school system. It's not "Washington," as opposed to somebody out in the field who is providing the services.

I think the second point I would leave with you is that the hard part comes now. That is, when you go back to your communities and schools, you have the responsibility, I think, of translating the words and the ideas and the concepts that were discussed here into some kind of action. Now this action can take many forms. It can mean a dissemination of information of bringing in resource people; and as we stated before, to your schools, to your school board meetings, getting the School Board people and tribal representatives to visit other kinds of programs that may be already in operation in public schools. And I think that this is one of the helpful aspects of the visitations on Wednesday. That, probably, for some of you, may be the first time that you ever saw what a handicapped child looked like; that they are not all grotesque creatures. Some of them, if you didn't know that they were handicapped, carry no stigma. And I think this is important to communicate to parents and to classroom teachers, who are sometimes reluctant to accept the responsibility for working with handicapped children. I think that we need to go back now and involve all levels of the school and the community.

I would make one major suggestion, along this matter of involvement. When you go back, please do not limit the involvement solely to adults. You have responsible student government leaders, student leadership personnel in your schools, who can be very valuable in working along with you in developing programs and translating the aims and the philosophies of what you are trying to do to the rest of the student body as well as to their parents at home. I don't think that we ought to neglect this valuable resource that exists in our own schools.

In conclusion, I think it is customary, at most BIA Conferences that I have attended, that whoever comes from Washington brings you the greetings and the best wishes from the Commissioner and would say that he wishes that he were here. But he is not here, but go on without him anyway.

I would like to set a precedent and say that I bring you a sense of appreciation and thanks, not from the Commissioner, but rather from over 10,000 gifted and handicapped Indian children who are in our Bureau schools. If we can, some time in the future, look back on this meeting as perhaps the start of implementing long-lasting programs in our Bureau schools, I think that we will have performed a major effort in at least trying to achieve the human potential, at whatever level we are talking about.

On behalf of all of us, I thank you for your patience and cooperation. We hope to see you again, and we thank you for participating.

VI List of Participants

Wayne Adkison
Buck Benham
Virginia Brown
Joseph J. Eisenbach
Ken Fredericks
Irene Heard
Harriet B. Hilburn
Tom Holder
Martha Iwaski
Dennis Huber
William Lobosco
Clyde H. McMillin
Domingo Montoya
Charles Moody
C. Stewart Munz
Paul Nelson
John R. O'Brien
S. Gabe Paxton, Jr.
Fern C. Prechtel
Henry Roberts
Laniece Robison
Reg. Rodriguez
Peter Schmidt
Vera R. Sherer
Earline Smith
Rudy Smith
Joe Moore
Paul L. Sward
Cecil Todd
Leonard Tomaskin
James Tomchee
Leon Wall
Harlen Wash
Jack B. Williams
Roger Wilson
Leroy Youngbird
Joe Abeyta
Tenah Allen
Wallace Allen
Nita Augustine
Henry Balliet
C. Samuel Barone
Tommy K. Begay
Robert R. Billie
Samuel Billison
Margie Byrd
John D. Chaske
Richard Christman
James R. Cleaveland
John E. Davis

Lorene B. Gopher

Jessie L. Hill

Dr. Wm. H. Hinze

Emil Kowalczyk

Ernest L. Magnuson

Prentice Morris

Louise Painte

Charles E. Perry

Kenneth G. Ross

Laurine Ruleau

Bennie Salas

Marlin E. Scott

Walter C. Skates

Jack Smith

Ray Sorensen

Warren I. Tiffany

Robert Voorhees

Gabe Williams

Leona Winters

Morvin Wirtz

Tom Claymore

Arthur Amiotte

Donald R. Antone

Robert O. Bartholomew

Vera C. Bassett

Peter Belgarde, Jr.

S. William Benton

Dave Burch

Peter A. Campanelli

Upton S. Ethelbah, Jr.

Betty Goss

Elie Gutierrez

Geraldine D. Harvey

Leo Henry

Betty Hollowell

Dan Honahni

Kirby K. Jackson

Everett L. Johnson

Bill Ledford

William O. Long

Helen M. Matt

Russell Mockta, Jr.

Rayno W. Penttila

Alice V. Pipkins

James H. Powell

Joe Ramey

Cecil Shipp

Mamie Sizemore

James F. Slocum

J. R. Trace

Miguel H. Trujillo

Joseph Upicksoun

Deb J. Victor

Reba Walker

O. Ray Warner

Earl Webb

Dr. Frances E. Lord

SECTION VII

ESEA TITLE I - III - VI

BIA CONFERENCE EVALUATION

A total of [illegible] persons registered for the Conference. At the conclusion of the meeting, the participants were requested to complete a written evaluation form to indicate closure. Fifty nine persons (or, 55%) elected to complete the evaluation form. The results appear on the following pages.

EVALUATION FORM

INSTRUCTIONS: Read each item. Respond by agreeing or disagreeing, according to the following scale: SA = strongly agree, A = agree, U = undecided, D = disagree, SD = strongly disagree. Circle SA, A, U, D, or SD on the line at the end of each item.

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1. This Conference was pertinent to my professional (or, personal) growth.

SA	A	U	D	SD	
21	35	2	1	0	Number of persons responding.

2. This Conference was pertinent to my job (or, School Board) growth.

SA	A	U	D	SD
20	34	4	1	0

3. The chairmen did a good job of managing the sessions.

SA	A	U	D	SD
18	34	5	2	0

4. The accomodations and meeting facilities were satisfactory.

SA	A	U	D	SD
8	33	5	5	8

5. The participants' presentations were appropriate and helpful.

SA	A	U	D	SD
13	40	5	0	1

6. The packet materials and handouts were appropriate and helpful.

SA	A	U	D	SD
19	35	4	1	0

7. I learned some new ideas for services, research, and/or teaching in Special Education.

SA	A	U	D	SD
16	41	0	2	0

8. I will attempt to seek further information about the topics presented and discussed.

SA	A	U	D	SD
18	38	2	1	0

9. This Conference helped me gain a new perspective on my own work or responsibility.

SA	A	U	D	SD
15	40	3	1	0

10. This Conference helped me learn about new and innovative developments in the area of exceptional children.

SA	A	U	D	SD
10	37	10	2	0

11. There was ample time for questions and discussion.

SA	A	U	D	SD
13	35	8	5	0

12. I enjoyed this Conference.

SA	A	U	D	SD
19	30	6	3	1

13. I often felt sleepy or bored during the Conference sessions.

SA	A	U	D	SD
3	14	11	22	9

14. This Conference met the stated program objectives as outlined in the program prospectus.

SA	A	U	D	SD
6	40	9	4	0

15. During this Conference, I have changed my attitudes positively toward exceptional children and Special Education.

SA	A	U	D	SD
13	31	10	4	1

16. The discussions presented by the U.S. Office of Education specialists were informative and helpful to me in better understanding legislation.

SA	A	U	D	SD
6	40	10	3	0

17. The topics discussed by the Western Michigan University staff were of great value to me in understanding Special Education and its benefits to exceptional children.

SA	A	U	D	SD
14	36	7	2	0

18. Visiting the public school Special Education classes gave me additional insight for helping handicapped children.

SA	A	U	D	SD
25	25	6	2	1

19. The panel presentation on BIA Title III and VI projects suggested possible program concepts useful for our school system.

SA	A	U	D	SD
10	36	9	4	0

20. I liked the idea of using tape-recorders to express my opinions at the end of each day.

SA	A	U	D	SD
2	20	32	4	1

21. I would have liked to have seen some films on handicapped children and Special Education programs.

SA	A	U	D	SD
17	24	13	4	1

22. This Conference has convinced me of the critical need for Special Education services for exceptional Indian children and their parents in BIA schools.

SA	A	U	D	SD
31	22	1	3	2

23. The BIA must make a major program priority toward comprehensive Special Education services for exceptional Indian children.

SA	A	U	D	SD
46	13	0	0	0

24. Inservice training in Special Education would benefit BIA classroom teachers and dormitory staff.

SA	A	U	D	SD
41	16	2	0	0

25. If you wish to make several statements about the Conference, they would include:

Average responses for all categories:

SA	A	U	D	SD
17	31	7	3	1